



# Lyme Disease Association, Inc.

\* Required Fields

## Donor Information (please print or type)

* Name (first, last)	
* Address	
* City	
* State	
* Zip Code	
Telephone / Fax	
Email	

## Donation Information

\* Amount     \$10     \$25     \$50     \$100    \$\_\_\_\_\_ (another donation amt.)

Donation Purpose:     Where most needed     Research  
                                  LymeAid 4 Kids                                     Education

## If Applicable

In Honor/Memory of Name (s): \_\_\_\_\_

Acknowledgement sent to:

Name (first, last)	
Address	
City	
State / Zip	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

form enclosed     form will be forwarded

**Please make checks, corporate matches, or other gifts payable to:**

Lyme Disease Association, Inc.  
PO Box 1438  
Jackson, New Jersey 08527