



Lyme Disease Association, Inc.

* Required Fields

Donor Information (please print or type)

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

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

Donation Purpose: Where most needed Research
 LymeAid 4 Kids Research - Lyme, Anorexia nervosa
 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

Updated 2/22/2022