

To make a tax-deductible donation to The Food Allergy & Anaphylaxis Network, please complete the form below and send with your contribution to:

FAAN  
11781 Lee Jackson Hwy., Suite 160  
Fairfax, VA 22033-3309  
FAX: (703) 691-2713



Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Age \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Credit Card Type (MC, VISA, AMEX): \_\_\_\_\_ Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Name on Card: \_\_\_\_\_

E-mail Address \_\_\_\_\_  
(We need your e-mail address to send you an electronic receipt.)

One Time or Monthly Donation?  
\_\_\_ One Time \_\_\_ Monthly

Relationship to Food-Allergic Patient \_\_\_\_\_

Type of Food Allergy (check all that apply)

- Peanut       Soy
- Tree Nut       Fish
- Milk       Shellfish
- Egg       Other (please
- Wheat      specify)

I'd like to make this donation on behalf of, or in memory of:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Send acknowledgments to:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

\_\_\_ This donation is *in honor of*

\_\_\_ This donation is *in memory of*