

# In Honor

## Donor:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to make a tax-deductible donation **In honor** of: \_\_\_\_\_ Donation amount: \_\_\_\_\_  
(full name of individual or event)

## Honoree:

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

City, State, Zip: \_\_\_\_\_

## Payment options:

My check payable to the Food Allergy & Anaphylaxis Network is enclosed. Check No: \_\_\_\_\_

Credit Card (please circle type):    Visa    MasterCard    Amex

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: You will receive a receipt. An acknowledgement letter will be sent to your honoree.

Yes, I would like to receive e-mail from the Food Allergy & Anaphylaxis Network at the address provided above.

