



**UNITED
MITOCHONDRIAL
DISEASE
FOUNDATION®**

HOPE. ENERGY. LIFE.

Donation Form

Enclosed is my gift of \$ _____ to UMDF to help sustain research efforts and family support programs.

My donation can be charged to my: (Check one)

Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Signature: _____

Please provide us with your information:

Name: _____

Address: _____

Email: _____

This contribution should be applied to: (Check one)

A General Donation or A Fundraising Event- Details: _____

In honor of: _____ In memory of: _____

Please send an acknowledgement of my gift to:

Name: _____

Address: _____

Please send me UMDF Membership information.

Complete this form (checks payable to UMDF) and mail to:
UMDF, 8085 Saltsburg Road, Suite 201, Pittsburgh, PA 15239
or visit www.umdf.org to donate online!

Questions? Contact us at 1-888-317-UMDF (8633) (P), 412-793-6477 (F), or email info@umdf.org

Thank you on behalf of the United Mitochondrial Disease Foundation for your generous gift.
Contributions are tax deductible to the extent allowed by law.

*"The official registration and financial information of the United Mitochondrial Disease Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999.
Registration does not imply endorsement."*