UMDF COLLATERAL REQUEST FORM

PLEASE SEND ME THE FOLLOWING INFORMATION:
(Please check the items you are requesting and specify the quantity)

☐ _______ Mito 101 cards
☐ _______ MitoFIRST Handbook
☐ _______ About Mitochondrial Disease brochure
☐ _______ “Could it be Mito?” Pocket Pamphlet for Health Care Professionals
☐ _______ “Could it be Mito?” Pocket Pamphlet for Patients/Families
☐ _______ UMDF Bookmarks
☐ _______ Physician Packet
☐ _______ ER Card
☐ _______ Other, please specify ________________________________

Name: _______________________________________________________

Address: _____________________________________________________

City __________________________ State ________ Zip _____________

Phone: __________________________ Email: _______________________

Please mail to:
United Mitochondrial Disease Foundation
Collateral Request
8085 Saltsburg Road – Suite 201
Pittsburgh, PA 15239

or email (connect@umdf.org) or fax (412-793-6477)

Call us toll-free at 1-888-317-8633 (UMDF)