



International Waldenstrom's Macroglobulinemia Foundation

Membership / Renewal Form

First Name (please print) _____

Family Name _____

Street Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

Home Telephone _____ Business phone/mobile _____

E-mail _____

Current / Last Employer _____

New Member

Renew Membership

I am a:

WM patient Medical Professional Caregiver Family member Friend

If not a WM patient, the patient's name is _____

Relationship to patient _____

Send me an IWMF Info Pak

Add me to your phone / e-mail network

Please have someone contact me

Subscribe me to the electronic Torch newsletter

Please contact me via: Telephone E-mail Postal Mail

The following questions are optional and used strictly for internal IWMF statistics:

Patient Gender: Female Male Age _____ Date of Diagnosis _____

I am willing and available to:

conduct a fundraising event

make contacts to raise awareness

help with fundraising

contact me to discuss ways that I can help



Your Membership gift is very important for sustaining and expanding member services. We kindly ask you to consider the giving levels below. We know that a number of patients are on very limited incomes and do not want that to be the reason for not having access to information about WM. If you are unable to send a gift at this time due to financial constraints, please mark the appropriate box below. Tax receipts will be issued for all gift levels.

(Note that all the following gifts will be used first to satisfy operating expenses and then will be considered by the Board of Trustees for other IWMF activities including research.)

IWMF Member Services Giving Circles

Annual Gift amount

- | | |
|---|----------------------|
| <input type="checkbox"/> \$1 - \$ 99 | WMer |
| <input type="checkbox"/> \$100 - \$299 | Circle of Friends |
| <input type="checkbox"/> \$300 - \$499 | Support Group Circle |
| <input type="checkbox"/> \$500 - \$999 | WM Family Circle |
| <input type="checkbox"/> \$1000 - \$2499 | Caregiver Circle |
| <input type="checkbox"/> \$2500 - \$4999 | President's Circle |
| <input type="checkbox"/> \$5000 and above | Trustee Circle |

(All Gifts Are Tax Deductible – Contact your tax advisor to verify a deduction applies to you)

The IWMF is a registered 501(c) (3) non-profit corporation.

- I am unable to send a gift at this time but would like to be on the IWMF mailing list.
- I wish to make a **single gift** of \$_____
- I wish to make a recurring (**monthly**) (**quarterly**) (**annual**) – (**Circle One**) gift PLEDGE of \$_____ for a total gift of \$_____ beginning next month on the (**5th day**) or (**20th day**) – **Circle One** of the respective month and continuing for the next _____ years (1-5 years).
A minimum of \$300 annually is suggested.

Optional:

- I wish to make the above gift In Tribute of a WM survivor (please complete info at end of page 3)
- I wish to make the above gift In Memory of a WM patient (please complete info at end of page 3)
- My company will match this gift. I will send the required form to IWMF home office listed below.

If you have chosen one of the recurring options above please be advised that your credit card or bank account will be debited on or around the specified dates. You must check the box below to acknowledge that you are aware of and understand the consequences of choosing one of these options:

- I acknowledge the terms above**



IWMF Gift Payment Information

Method of Payment:

Check payable to IWMF VISA MasterCard American Express
(For recurring gifts by check please enclose a blank check with SAMPLE written across the front)

Card No _____ Expiration Date _____ CVV _____

Name on Card _____

Signature (Required) _____ Date _____

Additional information for In Tribute and In Memory gifts

To _____

In Recognition or Memory of _____

From _____

Name and address of person to be advised of your gift:

Name _____

Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

(if known) Name and address of person being honored:

Name _____

Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

Please return completed forms to the IWMF Business Office:

3932D Swift Road
Sarasota, FL 34231, USA
Phone: 941-927-4963; Fax: 941-927-4467