



## International Waldenstrom's Macroglobulinemia Foundation Research Giving & Contact Request Form

First Name (please print) \_\_\_\_\_ Family Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### Please direct my Gift/Pledge to one of the following IWMF Research funds:

- Unrestricted Research (The IWMF Board selects the research project)
- 5-in-5 Research Gift
- Incentive Fund
- Foundation and Company Naming Opportunities (specify organization) \_\_\_\_\_
- Dr. Robert A. Kyle and Charlene M. Kyle Endowment Fund

### Please have someone contact me regarding:

- Incentive Fund
- Foundations and Companies Naming Opportunities
- Dr. Robert A. Kyle and Charlene M. Kyle Endowment Fund
- Naming Opportunities for Individuals
- Estate Planning Giving
- A life income gift (annuity or trust)
- A gift of real estate
- A gift of insurance
- A gift of stock
- A provision in my will
- Other \_\_\_\_\_

Please contact me via  Telephone  E-mail  Postal Mail

*(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 wish to make a **single gift** of \$ \_\_\_\_\_

I wish to make a recurring monthly quarterly annual gift **pledge** of \$ \_\_\_\_\_ for a total gift of \$ \_\_\_\_\_ beginning on the 5<sup>th</sup> day or 20<sup>th</sup> day of next month and continuing for the next \_\_\_\_\_ years. **A maximum of 5 years and a minimum of \$25 for the monthly pledge are suggested.**

### Optional:

My company will match this gift. I will send the required form to IWMF business 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 that your credit card or bank account will be debited on a recurring basis:

I acknowledge the terms above

### IWMF Gift Payment Information

#### Method of Payment:

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

Card No \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

### Additional information for In Honor and In Memory gifts

#### Personalization

To \_\_\_\_\_

In Honor or Memory of \_\_\_\_\_

From \_\_\_\_\_

- I wish to make the above gift In Honor of a WM survivor  
 I wish to make the above gift In Memory of a WM patient

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

Full 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