



## Make A Gift By Mail Or Fax

By investing in the Sickle Cell Fund for Families in Need (SCFFN) organization, you will be supporting a critical need – to make life better for families with sickle cell disease and sickle cell trait. Thank you for your support.

Please print this form, complete the following information and mail or fax your tax-deductible donation to the contact information listed below:

SCFFN  
Donations  
3880 Warrington Cove  
Memphis, TN 38118  
Fax: (425) 653-1544

### Donor Information

\_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Mr. & Mrs. \_\_\_ Miss \_\_\_ Dr. *\*indicates required information*

\_\_\_\_\_  
\*First Name(s) M.I. \*Last Name

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*City \*State \*Zip/Postal Code \*Country

\_\_\_\_\_  
\*Phone Email

### Donation and Credit Card Information

\$ \_\_\_\_\_ Check or Credit Card? (please circle one)  
Amount

\_\_\_\_\_  
\*Credit Card (Visa, Mastercard, Discover, American Express) \*Credit Card Number \*Expires

\_\_\_\_\_  
\*Full name as it appears on card \*Cardholder's Signature

### Tribute or Memorial Donation

In Honor Of or In Memory Of (please circle one)

\_\_\_\_\_  
Name or Special Occasion

\_\_\_ Yes, I would like the SCFFN to send a card to a friend or loved one acknowledging this gift.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip/Postal Code

\_\_\_\_\_  
Personal Message

### Volunteer

\_\_\_ Yes, I would like to become a volunteer. Please call me to discuss how I can make a difference.