Mail in Donation Form

GSID GLOBAL SOLUTIONS FOR INFECTIOUS DISEASES

DONOR NAME:	**Title** _____ **First name** _____ **M.i.** _____ **Last name** _____
MAILING ADDRESS:	**Address line 1** _____ **Address line 2 (optional)** _____ **City** _____ **State/Province** _____ **Country** _____ **Zip/Postal code** _____ **Telephone # (optional)** ( ) _____ **Email address (optional)** _____
DONATION:	**I want to make a cash donation in the amout of:** **$25** ☐ **You may indicate a speical designation for your donation:** **$50** ☐ **In memory of:** _____ **$100** ☐ **In honor of:** _____ **$250** ☐ **Notification name:** _____ **$500** ☐ **Address:** _____ **$1,000** ☐ **City/State/Zip:** _____ **Other: $**_____ ☐ (GSID willl send a notification card in your behalf to the address direcly above)
HOW DID YOU HEAR ABOUT GSID?	**News Article** ☐ **Friend or Family** ☐ **Guidestar.org** ☐ **Other:** _____ ☐
INSTRUCTIONS:	**Please make your check payable in USD to GSID and mail to:** **GSID** **830 Dubuque Avenue** **So. San Francisco, CA 94080**