



Pledge Form

Arizona Myeloma Network (AzMN)

Our Mission: Education, Awareness and Advocacy for improved treatment and quality of life for Myeloma patients, their families and caregivers

Donor Information (please print or type)

Name	
Address	
City, State	
ZIP Code	
Telephone (home)	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ for (select below):

Myeloma Conference
 Race for Hope
 Ft Defiance
 Golf Tournament
 Other _____?

I (we) plan to make this contribution in the form of:
 _____ cash _____ check _____ credit card _____ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

_____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Mail or fax checks to:

Arizona Myeloma Network (AzMN)
20280 N. 59th Ave. Suite 115 #448
Glendale, AZ 85308
FAX 623-243-6580

THANK YOU FOR SUPPORTING the Arizona Myeloma Network (AzMN).

The Arizona Myeloma Network (AzMN) is a non-profit tax-exempt organization under IRC Section 501(c)(3) and is eligible to receive tax-deductible contributions under IRC Section 170. To claim a charitable deduction, the 1993 Tax Act requires that you have a written acknowledgement from the charity of any gift of \$250 or more.