



American Liver Foundation  
PO Box 299, West Orange, NJ 07052  
Tel: 212-668-1000 | Fax: 212-483-8179

LiverFoundation.org  
Helpline: 1-800-GO-LIVER (1-800-465-4837)

## CHARITABLE GIVING

Your generous donation helps the American Liver Foundation support the 100 million Americans impacted by liver disease through critical research, advocacy, education, and support services.

### STEP 1

Please indicate if you would like to make this charitable gift in memory of someone who has passed away, or in honor of a loved one impacted by liver disease.

- No  
 Yes

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Name of Honoree

### STEP 2

Please indicate the amount of your charitable gift here: \$ \_\_\_\_\_

### STEP 3

Please include your check along with this form in an envelope and send it to the address indicated above.

### STEP 4

Please provide your name, mailing address, phone number and email address below.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Company Name

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email



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**STEP 5**

Please provide the name and address of the person you would like us to notify of your memorial or honor gift, mailing address, and email address below.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Company Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Email

**STEP 7**

What is this person's relationship to the deceased? (i.e., mother, father, sibling, aunt, uncle, other)

\_\_\_\_\_

Relationship

**STEP 8**

How would you like your name(s) to appear on the acknowledgment letter to the family?

\_\_\_\_\_

Your Name(s)

**STEP 9**

Please indicate whether you would like to receive news and information about liver disease, health, and wellness from the American Liver Foundation.

- Yes  
 No

For any questions regarding your charitable gift, please contact Beth De Rosa at (646) 737-9406.