PO Box 299
West Orange, NJ 07052
www.LiverFoundation.org

CHARITABLE GIVING

Your generous donation helps 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.

- ☐ Yes
- ☐ No

Name of Deceased _____

Name of Honoree _____

STEP 2

Please indicate the amount of your charitable gift here: $ _____

- ☐ Check here if this is an IRA Required Minimum Distribution

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 below.

Name _____

Company Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

STEP 5

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

Name _____

Street Address _____

City, State, Zip Code _____

Email Address _____

STEP 6

What is the relationship of the person listed in step 5 above to the deceased (i.e., mother, father, sibling, aunt, uncle, other)?

_____

STEP 7

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

_____

STEP 7

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

- ☐ Yes
- ☐ No

For any questions regarding your charitable gift, contact Heidi Daniels at 781-883-4489 or hdaniels@liverfoundation.org.