

## **Donation Form**

To make a secure online donation, please visit www.angelman.org

Date:	Amount of donation:
Name:	Email:
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This gift is in honor/in memory	of:
If you would like the family to b	e notified, please provide their name and address:
Pleas	se mail your donation, along with this form to: Angelman Syndrome Foundation
	3015 E. New York Street, Suite A2 #285 Aurora, IL 60504
Check #:	•
Credit Card Payment: Visa	MasterCard Amex Discover
Name on Card:	Signature:
Card Number:	Expires: Security Code:
Comments or special instruct	ions:

Thank you for your generosity!