

## Support the IWMF Today

I wish to make a **single gift** to the IWMF in the amount of \$ \_\_\_\_\_

Please check one:

- Charge to the credit card shown below.
- My gift is enclosed.

## Support the IWMF Tomorrow:

I wish to make a **recurring** monthly quarterly annual gift in the amount of \$ \_\_\_\_\_

Please charge to the credit card shown below.

## Support the IWMF for Life:

- I wish to transfer stock or property to the IWMF.
- I have or wish to provide for the IWMF in my estate plans.

## Dedicate your gift to the IWMF:

My gift to the IWMF is being made:

in **honor** of \_\_\_\_\_

in **memory** of \_\_\_\_\_

Please notify the following of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## Payment Information:

Name on credit card: \_\_\_\_\_ Type: MC VISA AMEX DISCOVER

Credit Card #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you wish to remain anonymous?  No  Yes

Please list my/our name in publications as: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information and Contact Preferences:

**The following questions are optional and used ONLY for internal IWMF statistics**

I am a:  WM Patient  Caregiver  Family Member  Physician  Other Medical Professional

Other (please specify) \_\_\_\_\_

Subscribe me to IWMF eNews alerts about WM an IWMF activities.

Subscribe me to the printed copy of the Torch magazine (US Residents Only)

It is OK for the IWMF to contact me via email.

It is OK for the IWMF to contact me via phone.

It is OK for the IWMF to contact me via postal mailings.

If you are a WM patient:

Patient gender: \_\_\_\_\_

Year of birth: \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

Privacy of visitors to IWMF's website [www.iwmf.com](http://www.iwmf.com) and to all IWMF Members is of the highest concern to the IWMF. Please visit <https://www.iwmf.com/privacy-policy> to read the entire IWMF Privacy Policy. The IWMF is committed to your privacy and to providing you with the most accurate information possible.

**Please return completed form to the IWMF Home Office:**

**6144 Clark Center Avenue Sarasota, FL 34238 USA**

Phone: 941-927-4963; Fax: 941-927-4467

For help or questions; contact Jeremy Dictor at [JDictor@IWMF.com](mailto:JDictor@IWMF.com)

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