



*dedicated to finding a cure*

## HONOR/MEMORIAL GIFT FORM

Date \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

- In Memory of \_\_\_\_\_
- In Honor of \_\_\_\_\_

**Name of Donor** \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

**Send card to** \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Payment Type:  **VISA**     **American Express**     **Discover**     **MasterCard**  
 **Check**                       **Cash**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please print out, e-mail, fax, or send to the JDRF office*  
**Orange County Chapter**  
**17992 Mitchell South**  
**Suite 100**  
**Irvine, CA 92614**  
**Tel: 949-553-0363**  
**Fax: 949-553-8813**  
**orangecounty@jdrf.org**