****Donation, Gift, or “In Loving Memory Of” Form   
(Texas Residents)**

**Scleroderma Foundation - Texas Chapter   
 110 Cypress Station Dr. Suite 117   
Houston, TX 77090**

**\*\*\*Please print this form, fill out completely, include payment, and mail to the address above\*\*\***

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donations (please check if applicable):​**

\_\_\_\_ **YES!​** I would like to make a donation to the the Scleroderma Foundation - Texas Chapter In the amount of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Along with helping to fund our national efforts to find a cure, your one time donation to the Texas Bluebonnet Chapter also helps provide valuable resources on state and local level.

**Gifts (please check if applicable):​**

\_\_\_\_\_ **YES!** ​I would like to give the gift of a ONE YEAR subscription, for **$25.00​** that will include:

* **Our National “Scleroderma Voice” Magazine (Quarterly Subscription - 1 Year)**
* **Texas Bluebonnet Chapter e-Newsletter (Quarterly Subscription - UNLIMITED)​** - *Keeping you updated on what we are doing on a state level to provide support, education, and research as we race for a cure. From Support Groups, Fundraising Events, and Advocacy, to Patient Stories and Volunteer Opportunities in your area, you won’t want to miss out on this great value!*

Name of Giftee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Email Address (for e-Newsletter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“In Loving Memory Of” Contributions (check if applicable):**

\_\_\_\_\_​ **YES!** ​I would like to make a **$25.00**​ contribution *“In Loving Memory Of”* someone special that has lost the battle against scleroderma, and receive a virtual commemorative plaque that will display on a special page of the Texas Bluebonnet Chapter’s website.

Name to be displayed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Brief Message (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
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**Payment Information (please check one):​**

\_\_\_\_\_ ​ I am including a check/money order in the amount of **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, made out to: ​ ​  
 **Scleroderma Foundation - Texas Chapter**

\_\_\_\_\_ I would like to make my payment of **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u​sing a credit card. Please contact me upon receipt and I will arrange to supply my information over the phone.

***If you have any questions about your gift or   
contribution, you may inquire by contacting our office.*Email: txchapter@scleroderma.org​ ​ Phone: (281)-880-4992**

**------------THE TBC THANKS YOU FOR YOUR CONTINUED SUPPORT!------------**