



**NORD**<sup>®</sup>  
National Organization  
for Rare Disorders

## DONATION FORM

### Personal Information

Donor name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

YES, please send me NORD's Monthly E-Newsletter!

### Gift Amount

I want to help with my one-time gift of: \$25 \$50 \$100 \$250 \$500 Other: \_\_\_\_\_

or

Make it a monthly gift of: \$25 \$50 \$100 \$250 \$500 Other: \_\_\_\_\_

*After you complete this initial donation, future donations will be made automatically. For example, if you choose to make a recurring monthly donation of \$10.00, your next donation of \$10.00 will be automatically charged to your account one month from today.*

### Payment Method

Please write your check or money order made payable to **"NORD"**.

Enter in the following information if you're using a credit card to make your donation:

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CVV (card verification value): \_\_\_\_\_

Card holder's name: \_\_\_\_\_

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

Send your donation(s) to: NORD, Inc. – Donations, Dept. 5930, P.O. Box 4110, Woburn, MA 01888

**Thank you for your contribution!**

*Gifts are deductible to the full extent allowable under IRS regulations. Your donation helps NORD serve the 30 million Americans who, because their diseases are rare, might otherwise be forgotten. NORD relies on the contributions of grateful patients, families, and others who care about the medically disenfranchised. With your help, NORD will continue to provide accurate, reliable information and will be a strong voice in advocating for needed research and improved treatments.*

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