

DONATION FORM

To make a gift by mail, please complete and return this form to:



NFID
7201 Wisconsin Avenue
Suite 750
Bethesda, MD 20814

Donor Information

Title: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Yes, I would like to receive online communications from NFID

Gift Amount (please check one)

\$50 \$100 \$250 \$500 Other Amount: _____

Payment Options

I have enclosed a check (please make checks payable to NFID)

Please charge my credit card

Card Type: Visa MasterCard

Card Number: _____ Expiration Date (MM/YY): _____

Signature: _____ Security Code: _____

Honor/Memorial Gifts

If you would like to make your gift in honor or memory of someone, please complete the information below. If you would like us to send them an acknowledgment, please include their address.

Honoree Information

Title: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Honoree Message _____

Thank you for supporting NFID!

NFID is a non-profit 501(c)(3) organization and your gift may qualify as a charitable deduction for tax purposes.