

## Donation Form

Thank you for your generous contribution. Your donation will help us to conduct the research required to understand and conquer Lyme and other tick borne diseases.

Please mail your completed form along with your donation to:

### **Lyme and Tick-Borne Diseases Research Center**

Columbia University, Att: Barbara Strobino, PhD  
1051 Riverside Drive, Unit 69  
New York, New York 10032

### **Donor Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

### **Donation**

My check is enclosed-- Checks should be made payable to "Columbia University" with a notation indicating this is to support "Lyme Research"

Please charge my credit card

Donation amount \$ \_\_\_\_\_ (in US currency)

Card Type  Visa  Mastercard  American Express  Discover

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address (if different than above):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

If your company or organization has a Matching Gift Program, please send the matching gift form or contact information to us.

***If your gift is in memory or in honor of someone, please complete the following page and send it with this one. Thank you.***

## Donation in Memory/Honor

Name of Donor \_\_\_\_\_ Amount \_\_\_\_\_

This gift is:

**In Memory**

Remember someone special by giving a gift in their memory. The Lyme Center will send a card acknowledging your thoughtful donation to the person(s) of your choice.

**In Honor**

Give a gift to honor someone close to you for a birthday, an anniversary, or other special occasion. The Lyme Center will send a card acknowledging your thoughtful donation to the person(s) of your choice.

**This donation is in memory/honor of:**

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

Occasion (in honor donations): \_\_\_\_\_

**Please send an acknowledgement of my donation to:**

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_