


ATA 2018 GIVING FORM

Your annual support enables the ATA to continue its mission and to expand the positive impact our work provides in the lives of thyroid patients, families and the physicians who treat thyroid disease. Please contribute your tax-deductible gift of **\$150, \$450, or perhaps \$900** or more today!

CONTACT INFORMATION (for acknowledgment of my gift and for tax purposes)

NAME (as you wish to be acknowledged)	
COMPANY/INSTITUTION	
STREET	
CITY, STATE, ZIP CODE	
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Donation Amount:

___\$100 ___\$150 ___\$200 ___\$450 ___\$900 Other \$ _____

My Institution Will Match My Donation Amount

___\$100 ___\$150 ___\$200 ___\$450 ___\$900 Other \$ _____

Total Donation Amount: \$ _____ Check # _____

Credit Card Information (MC, VISA, AMEX)

Designate my donation to:

- Thyroid Research Grants
- Patient Education
- Trainees Education & Resources

Credit Card Number _____
Cardholder Name _____
Exp. Date _____ CVV# _____
Signature _____

Donation is in Honor Of: _____

Donation is in Memory Of: _____

ATA is a 501(c) (3) nonprofit organization. Your gift is deductible according to tax law. A copy of the ATA's most recent audited financial information is available online.

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