

Dear NADF: Please accept my tax-deductible donation of: \$25 \$40 \$50 \$100 \$250 \$500 \$_____

Please mark one of the following two options: Check enclosed for above-designated amount Credit card donation made via Google Checkout

THANK YOU FOR YOUR GIFT!

As always, a donation of \$25 or more entitles you to an annual membership in NADF, and you will receive the NADF Newsletter quarterly. Please be sure we have all of your current/correct information by filling in the form below. All information provided is confidential and will not be sold or rented under any circumstances.

NAME _____ TEL. NO. () _____

STREET _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

I RECOMMEND MY PHYSICIAN: Name _____ Specialty _____ Location _____

ADRENAL DISEASE: Addison's Cushing's CAH Other: _____

I give NADF permission to share my contact information (e-mail & phone number) with other people with adrenal disease who might want to share.

Please make checks out and mail to: National Adrenal Diseases Foundation, 505 Northern Blvd., Great Neck, NY 11021