



2700 Horizon Drive, Suite 120
King of Prussia, PA 19406
267.514.7221
Toll-Free: 866-507-7222
www.theaftd.org

Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Please send my acknowledgement **electronically**. I have provided my email address.

☐ My employer has a **matching gift program** – the form is enclosed.

☐ I would like to remain **anonymous** in publications.

☐ Please add me to the **AFTD Newsletter** mailing list.

Indicate: Postal ☐ or Email ☐

☐ Please send me information about becoming an **AFTD volunteer**.

This gift is:

☐ A general donation

☐ In memory of _____

☐ In honor of _____

*Acknowledgement of all memorial and honorary gifts will be sent to both the family and the donor.
The amount of the gift will be kept confidential.*

Please designate my gift for:

☐ Unrestricted support for AFTD's mission

☐ Quality of Life for People with FTD

☐ Advocacy

☐ Research

☐ Caregiver Respite

☐ Support

☐ Drug Discovery

Send notice of this gift to (if in honor/memory):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is a check payable to AFTD in the amount of \$ _____

To make a gift online, visit theaftd.org, or use the QR code:

*AFTD is a 501(c)3 organization and gifts are tax-deductible as provided bylaw.
The official registration and financial information of AFTD may be obtained from
the Commonwealth of Pennsylvania's Department of State by calling toll-free
within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.*

