

Donation Form

Yes, I want to make a difference!

Please print and complete the form below. Make checks payable to Barth Syndrome Foundation and send to:

Barth Syndrome Foundation
PO Box 419264
Boston, MA 02241-9264

Name _____ Mr., Mrs., Ms., Other _____

Company or Organization (if applicable) _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ Email _____

This donation is:

\$50 Contributor \$100 Helper \$250 Friend \$500 Champion \$1,000 Benefactor \$_____ Other

I would like to apply this donation to the:

General Fund Science/Medicine Fund
 Varner Fund Will McCurdy Fund for the Advancement of Therapies for Barth Syndrome

In honor of _____

In memory of _____

Please send acknowledgement letter to:

My matching gift form is enclosed. Company Name _____

I want to donate monthly. Please charge my credit card for the same amount each month for the next 12 months.

Check Amex Master Card Visa

Donation Amount \$ _____

Credit Card Number _____ Expiration Date _____ Security Code _____

Billing Address (if different from above) _____

City _____ State _____ Zip Code _____ Country _____

Please exclude my name in any public acknowledgement.

Please exclude my name from BSF's mailing list.

The states listed below require us to provide you with the following information: California: BSF's audited financial statement is available upon request to BSF. 100% of your gift may be deduced under Federal and State income tax laws. Florida: CH-12347. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE, 1800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Georgia: Upon request, BSF will provide a full and fair description of this and its other programs, and a financial statement or summary. Maryland: A copy of BSF's current financial statement is available on request to BSF. New Jersey: INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY BSF DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT www.njconsumeraffairs.gov/ocp/charities.htm. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. New York: Upon request, a copy of BSF's last financial report filed with the Attorney General is available from BSF or from the NYS Attorney General's Charities Bureau, Department of Law, 120 Broadway, NY, NY 10271. Pennsylvania: The official registration and financial information of Barth Syndrome Foundation may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Virginia: A financial statement is available from the State Division of Consumer Affairs in the Department of Agriculture & Consumer Services upon request. CONTRIBUTIONS ARE DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES IN ACCORDANCE WITH APPLICABLE LAW. REGISTRATION IN A STATE DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF BARTH SYNDROME FOUNDATION BY THE STATE.