



ADARF AMARANTH DIABETES FUND

I am making a donation to ADARF Amaranth Diabetes Fund as

_____ A Remembrance Gift.

_____ Recognition Gift.

Remembrance Gift

Name of Deceased: _____

An acknowledgement of the gift should be sent to:

Name of Family Member: _____

Address: _____

Recognition Gift

An acknowledgement of the gift should be sent to: _____

Name of Individual or Group Recognized: _____

Address: _____

Contributors Information:

Name: _____

Address: _____

Amaranth Court: _____ Jurisdiction: _____

Instructions: Make checks payable to: **ADARF Amaranth Diabetes Fund** and mail to:

American Diabetes Association
1701 N Beauregard St, Alexandria, VA 22311

ATTN: INCOME DEVELOPMENT DEPT
INDIVIDUAL GIVING MANAGER