

Donation Form

Enclosed is my gift of \$ programs.	S to UMD	F to help sustain resea	arch efforts and family support
My donation can be ch	arged to my: <i>(Check</i>	one)	
			☐ American Express Expiration Date:/
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Please provide us with Name:			
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•	Itsburg Road, Suite	201, Pittsburgh, PA 15	5239 ation.aspx to donate online!

Questions? Contact us at 412-793-8077 (P), 412-793-6477 (F), or e-mail info@umdf.org.

Thank you on behalf of the United Mitochondrial Disease Foundation for your generous gift.

Contributions are tax deductible to the extent allowed by law.

"The official registration and financial information of the United Mitochondrial Disease 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."