



United Ostomy Association Memorial Donation Form

Thank You For Your Support!

First Name _____ Middle Initial ____ Last Name _____

Company Name _____

Address _____ Apartment/Suite # _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Home Phone _____ Business Phone _____

E-Mail Address _____

Date of Birth _____ Male Female

Payment Information

We invite you to join the Phoenix Society when you support UOA in a significant way.

Contribution Amount (U.S. Dollars):

- \$500
- \$250
- \$100
- \$50
- \$25
- Other – US\$ _____

Method of Payment: Check* Visa MasterCard Discover

If paying by credit card: Card number _____

Exp. date _____

* If paying by check, make payable to United Ostomy Association.

My donation is:

In Honor of _____ **--OR--**

In Memory of _____

Please send acknowledgment of my donation to:

First Name _____ Last Name _____

Address _____ Apartment/Suite # _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

If you would like to include a personal message in your card, please submit below (15 word maximum).

Please mail this form, with your check or credit card information supplied above, to:

United Ostomy Association
19772 MacArthur Blvd., Suite 200
Irvine, CA 92612-2405
800-826-0826

The United Ostomy Association is an accredited 501(c)(3) nonprofit organization; as such, all donations are tax deductible.