



# Wound Healing Foundation

## A Donation to the Wound Healing Foundation

Name: \_\_\_\_\_  
 Title(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

The Wound Healing Foundation may display my name within levels of support acknowledgments unless this box is checked. I prefer to remain anonymous in my donor status, but will receive an acknowledgement letter.

I am making a gift of \$ \_\_\_\_\_

My donation is a gift given in  honor of:  memory of:

Name of honoree(s): \_\_\_\_\_  
 Given by: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Note about your gift: \_\_\_\_\_

Please use my donation to support the:

- Wound Healing Foundation  Endowed lecture  
 Research program  Educational program  Outreach program

Method of Payment:  Money Order (made payable to "The Wound Healing Foundation")  
 Check enclosed (made payable to "The Wound Healing Foundation")  
 Cash (not recommended for mailed items)

Donor Signature: \_\_\_\_\_

*Thank you for your donation.*

**The Wound Healing Foundation is a 501(c)3 organization. Valuation of gifts in-kind are the privilege and responsibility of the donor. Contributions are deductible for income tax purposes to the extent allowed by law.**

235 Plain Street, Suite 501 Providence, RI 02905 [www.woundhealingfoundation.org](http://www.woundhealingfoundation.org)



WHF is a 501(c)(3) non-profit organization

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