



THE MARROW FOUNDATION®

Rutland Regional Medical Center Marrow Donor Program  
160 Allen St, Rutland, VT 05701 Phone: (802) 747-6267

**Contribution Form – Account # 1689**

NAME OF SUPPORTER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

<p>AMOUNT OF CONTRIBUTION: _____</p> <p>PURPOSE OF CONTRIBUTION: <u>To Pay for Tissue Testing</u></p> <p>_____</p>
--

<b>FORM OF PAYMENT:</b>	
<input type="checkbox"/>	Please find enclosed a check payable to THE MARROW FOUNDATION.
<input type="checkbox"/>	Please contact my firm for _____ Name of Person to Contact _____ an electronic transfer of funds. Phone Number for Contact _____
<input type="checkbox"/>	Please accept this pledge payable on the following dates: _____ _____
<input type="checkbox"/>	Please send an invoice.
<input type="checkbox"/>	Alternative Method of Payment: _____

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name as it should appear in publications of The Marrow Foundation and the National Marrow Donor Program:

**Please complete this form and fax it with your signature to:**

<p>The Marrow Foundation 400 Seventh Street, N.W., Suite 206 Washington, D.C. 20004 T: 202 638-6601 F: 202 638-0641</p>
---

400 Seventh Street, N.W., Suite 206  
Washington, D.C. 20004 USA

Telephone: 202 638-6601  
Facsimile: 202 638-0641  
E-Mail: tmf@nmdp.org  
Internet: www.themarrowfoundation.org