

Project Save Our Skin

Donation Form

Whether you are a long time Project SOS supporter or are giving for the first time, thank you for your commitment to Ichthyosis Research.

Mail or fax your completed form along with your donation to:

Project SOS
Attn: Donations
3340 Camp Bowie Blvd. Suite 100
Fort Worth, Texas 761070
Fax: 817-810-0499 (Credit Card only)

Donor Information

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Phone _____ E-Mail _____

Yes, I wish to become a Member of Project SOS and receive update on current developments.

DONATION INFORMATION

My check is enclosed Please charge my credit card

Donation Amount \$ _____ (in US currency)

Card Type    

Card Number _____ Expiration _____

Name of Cardholder _____

Signature _____

Billing Address: (if different than above)

Address _____
City _____ State _____ Zip Code _____ Country _____

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Donation or Angler Sponsor

Please advise us whether your gift is a General or Specialized Donation or for sponsorship of a particular angler in the Broken Oar Tournament or general Donation.

- Angler Sponsor. If so, please give the name of the angler you are sponsoring:
Angler Name: _____
- General Donation
- Donation in Memory / in Honor (see below)
- Angler Sponsor coupled with Donation in Memory / in Honor (see below)

This gift is:

- In Memory of...** - Remember someone special by giving a gift in their memory. Project SSO will send a card acknowledging your thoughtful donation to the person of your choice.
- In Honor of ...** Give a gift to honor someone close to you for a birthday, an anniversary, a wedding, to celebrate a birth of baby, or other special occasion. Project SOS will send a card acknowledging your thoughtful donation to the person of your choice.

WHO IS THIS DONATION IN MEMORY/HONOR OF:

Name _____

Occasion (in honor donations) _____

PLEASE SEND AN ACKNOWLEDGEMENT OF MY DONATION TO:

First Name _____ Last Name _____

Address _____

City _____

State _____

Zip Code _____ Country _____