



# Donor List

## Immune Deficiency Foundation *THINK ZEBRA!*

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive additional info from IDF? Circle Yes or No	Name	Address	City, State, Zip	E-mail and Phone	Donation Amount
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					

Make as many copies as necessary. Please send this completed form, the Funds Raised form, and all checks made out to IDF, to Immune Deficiency Foundation, THINK ZEBRA!, 40 W. Chesapeake Ave., Ste. 308, Towson, MD, 21204 by June 17, or bring the forms and checks with you to the National Conference. Do not keep checks for more than 30 days!