

SPECIAL YEAR-END CAMPAIGN

I would like to participate in the important work of the **Asthma and Allergy Foundation of America, New England Chapter.**

Enclosed is my tax-deductible gift of:

\$1000 \$500 \$250 \$100 \$50 \$25 \$_____other gift

(Please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

<input type="checkbox"/> Please find my check enclosed (payable to AAFA New England)	My gift is in honor of
<input type="checkbox"/> Please find my matching gift form enclosed	Name _____
<input type="checkbox"/> Please charge my donation to my ___ Visa ___ MasterCard	Address _____
Acct #: _____ Exp. Date: _____	City/State/Zip _____
Signature: _____	

Send with your check to:
AAFA New England
109 Highland Ave.
Needham, MA 02494

Thank you!