OFFLINE DONATION FORM

This printable form is available for supporters who wish to make a donation via check or money order.

Please make checks payable to American Sleep Apnea Association
(Please do not staple or tape checks to this form)

Check/Money Order Number _________________________________ Amount _____________

Donor Name ________________________________________________________________

If you are mailing this donation on behalf of an organization, please write the name of the organization: ___________________________________________________________________

Street Address ________________________________________________________________

City ___________________________ State _________ Zipcode ________________

E-mail ___________________________ Yes, I want to receive emails from ASAA.

Preferred Phone Number _________________________________________________________

Donor Restrictions:

- General Donation – No Restrictions
- Education
- Research
- AWAKE Angels
- Memorial Donation – In Memory of ______________________________________

If you would like us to mail a letter to someone regarding your dedication gift, please complete the following information for the letter’s recipient:

Recipient Name: ________________________________________________________________

Mailing Address: ________________________________________________________________

Thank you for your contribution!

Mail this form and your check/money order (please do not send cash) to:

American Sleep Apnea Association
1250 Connecticut Ave NW, Ste 700
Washington, DC 20036

For questions or concerns, please contact Elizabeth Johnson at ejohnson@sleephealth.org

All donations are tax deductible to the extent allowed by law. No goods or services were provided to you in consideration for this gift. ASAA Tax ID: 54-1545170