

# American Sleep Apnea Association

1250 Connecticut Ave NW Ste 700  
Washington, DC 20036

## 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                      AWAKE Angels

Education    Research

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](mailto: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*