



## GIVING FORM

*Please print and complete this form to make a gift to the RTS Foundation.*

Your name as you wish it to appear in printed material \_\_\_\_\_

Company (if corporate gift) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

**I would like to support the Rothmund-Thomson Syndrome Foundation with a gift of:**

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 or \$ \_\_\_\_\_

**Optional – I would like my gift to be in honor or in memory of a special person:**

My gift is \_\_\_\_\_ in honor \_\_\_\_\_ in memory of \_\_\_\_\_

Please notify: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please mail this form along with your gift to:**

**RTS Foundation  
4307 Woodward Court  
Chantilly, VA 20151**