

YES, I want to help children suffering from asthma and allergies breathe easier.

My pledge is a gift of \$ _____

I would like to continue my gift by giving:

Monthly Bimonthly Annually One Time

A reminder will be sent for monthly, bimonthly and annual gifts.

___ My check made payable to **AAFA, St. Louis** is enclosed.

___ Please put this gift of \$ _____ on my Visa/Mastercard/American Express (Circle One)
Account Number: _____
Exp. Date: _____

___ My employer will **match** my gift.
I have enclosed the proper form for your use.

TRIBUTE

This gift is made...

___ In memory of _____

___ In honor of _____

___ In occasion of _____

Please send an **acknowledgement card** to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please print...

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Your gift to the Asthma & Allergy Foundation of America, St. Louis Chapter is tax-deductible as provided by law.
Please consult your tax-advisor.

On behalf of those who will be touched by your generosity, we thank you!

Please return form to:

Asthma & Allergy Foundation of America, St. Louis Chapter
1500 South Big Bend, Suite 1S
St. Louis, MO 63117

Office: (314)645-2422

Fax: (314)645-2022

Email: aafa@aafastl.org



Asthma and Allergy
Foundation of America®

ST. LOUIS CHAPTER