

# Help Us Increase Immunization Rates!



The Immunization Action Coalition (IAC) is the nation's premier source of immunization information for healthcare professionals. Your contribution directly funds our websites, publications, email news service, and handouts that improve the delivery of vaccines and motivate patients to get immunized!



## I want to support IAC!

### Here is my contribution

I am a  new  renewing contributor

\$100  \$50  \$75  \$250

\$500  \$750  \$1,000

other \$ \_\_\_\_\_

IAC is a 501(c)(3) charitable organization and your contribution is tax deductible to the fullest extent of the law. (EIN: 41-1768237)

▶ **DONATE BY FAX** (651) 647-9131

#### ▶ DONATE BY MAIL

Immunization Action Coalition  
2550 University Avenue West, Suite 415 N  
Saint Paul, MN 55114

#### ▶ DONATE ONLINE

[www.immunize.org/support](http://www.immunize.org/support)

NAME/TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Check one: This is my  organization address  home address

CITY/STATE/ZIP \_\_\_\_\_

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**Method of payment**  Check made out to Immunization Action Coalition  
 Purchase order

**This form may not be used to send credit card information. To donate using a credit card, please visit [www.immunize.org/support](http://www.immunize.org/support).**

▶ **Questions?** Email [admininfo@immunize.org](mailto:admininfo@immunize.org) or call 651-647-9009.

## Honor a colleague, friend, or relative with your contribution!

A gift to IAC is a thoughtful way to honor or remember someone. When you make an honorary or memorial gift, we will send your honoree an acknowledgement that expresses our sincere thanks for the support your gift provides.

IAC may identify me to the honoree as the source of this contribution.

IAC may acknowledge the amount of the gift to the honoree.

A separate letter will be sent to you (the donor) for your tax records.

My contribution is  in honor of  in memory of:

NAME OF HONOREE \_\_\_\_\_

OCCASION (birthday, anniversary, memorial, etc.) \_\_\_\_\_

Please send a letter of acknowledgement to:

NAME (if different) \_\_\_\_\_

INSTITUTION (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_