Help Us Increase Immunization Rates!

immunization action coalition
IAC
immunize.org

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.

▶ **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

NAME / TITLE _____

ORGANIZATION _____

ADDRESS _____
Check one: This is my ☐ organization address ☐ home address

CITY / STATE / ZIP _____

PHONE _____ EMAIL _____

Method of payment ☐ Check made out to Immunization Action Coalition
☐ Purchase order
☐ Visa ☐ Mastercard ☐ Am Express ☐ Discover

Credit Card # _____ CV Code #* _____

* CV Code # – the additional 3- or 4-digit number on your credit card

Expiration date (month/year) _____

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 _____