Donation Form

Thank you for your generous contribution. Your donation will help us to conduct the research required to understand and conquer Lyme and other tick borne diseases.

Please mail your completed form along with your donation to:

Lyme and Tick-Borne Diseases Research Center
Columbia University, Att: Barbara Strobino, PhD
1051 Riverside Drive, Unit 69
New York, New York 10032

Donor Information

First Name:__________________ Last Name:_________________________
Address:________________________________________________________________
City:_________________________ State:_______ Zip Code___________
Phone:_________________ E-mail Address_____________________

Donation

☐ My check is enclosed-- Checks should be made payable to “Columbia University” with a notation indicating this is to support “Lyme Research”

☐ Please charge my credit card

Donation amount $__________ (in US currency)

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If your company or organization has a Matching Gift Program, please send the matching gift form or contact information to us.

If your gift is in memory or in honor of someone, please complete the following page and send it with this one. Thank you.
Donation in Memory/Honor

Name of Donor___________________________  Amount_________

This gift is:

☐ In Memory
Remember someone special by giving a gift in their memory. The Lyme Center will send a card acknowledging your thoughtful donation to the person(s) of your choice.

☐ In Honor
Give a gift to honor someone close to you for a birthday, an anniversary, or other special occasion. The Lyme Center will send a card acknowledging your thoughtful donation to the person(s) of your choice.

This donation is in memory/honor of:

Name:_________________________________
Occasion (in honor donations):_________________________

Please send an acknowledgement of my donation to:

Name___________________________________
Address:____________________________________________
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