



## Velo-Cardio-Facial Syndrome Educational Foundation Inc. (VCFSEF)

**The Velo-Cardio-Facial Syndrome Educational Foundation, Inc.** is an organization comprised of both professionals and lay people. Its mission is to educate the public, the scientific community, families and individuals affected by Velo-Cardio-Facial syndrome (VCFS), which is one of the most common genetic disorders, also known as DiGeorge Syndrome and 22q11.2 Deletion Syndrome.

Your donation is greatly appreciated! and helps support The Foundation's mission, including production of educational and awareness materials that are distributed internationally. Donations can be made by check, money order or credit card.

Date: \_\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to the VCFSEF.

**Please Print clearly or Type:**

My Name \_\_\_\_\_

My Address \_\_\_\_\_

City/State/Sip \_\_\_\_\_ *(A receipt will be sent to the above address)*

**TYPE OF DONATION**

- ☐ General Donation (educational/awareness materials etc) \_\_\_\_\_
- ☐ Gift in Memory of \_\_\_\_\_ *(name of deceased)*
- ☐ Gift in Honor of \_\_\_\_\_ *(name of individual)*
- ☐ Caitlyn Lynch Fund (provides scholarships for the annual meeting: \_\_\_\_\_
- ☐ Tony Lipson Fund (helps members from Australia to attend annual meetings \_\_\_\_\_
- ☐ Amanda McPherson Fund (funding for educational materials) \_\_\_\_\_

**Please send acknowledgement card to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

How would you like the acknowledgement card signed?

\_\_\_\_\_ *(name or names )*

Please mail this form with your check to:

**VCFS Educational Foundation Inc.**

c/o Lisa Jennings

385 North St.

Weymouth, MA 02191

If you have questions please call 866-823-7335

*Your contribution is tax-deductible. Thank you for your support. [www.vcfsef.org](http://www.vcfsef.org)*