



Donor List

Immune Deficiency Foundation *THINK ZEBRA!*

Name of Volunteer _____ Date _____

Would you like to receive additional info from IDF? Circle Yes or No	Name	Address	City, State, Zip	E-mail and/or Phone	Donation Amount
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					

Make as many copies as necessary. Please send the completed form, the Funds Raised form, and all checks made out to IDF, to Immune Deficiency Foundation, THINK ZEBRA!, 40 W. Chesapeake Ave., Ste. 308, Towson, MD, 21204