

**We Raised \$ \_\_\_\_\_!**

## Funds Raised Form

Thanks for participating in the Immune Deficiency Foundation's *THINK ZEBRA!* program. Please complete the following form and return to IDF:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Names of additional family members who participated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Total Funds Raised \$ \_\_\_\_\_

**Please return this form, the completed Donor List,  
and all checks made out to IDF to:**

Immune Deficiency Foundation  
*THINK ZEBRA!*  
40 W. Chesapeake Ave, Suite 308  
Towson, MD 21204

