



Thank you for your support.  
Please print, complete, and mail this form with your check or credit card information.

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Name (circle one) Mr./ Ms. \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ E-mail \_\_\_\_\_

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I am making a gift of:

\$25    \$50    \$100    \$250    \$500    \$1000    Other \$ \_\_\_\_\_

Make check payable to Medicare Rights Center. To make your gift by credit card, please provide the following information:

Required (for credit card contributions) – Donor’s name must match credit card information.

Name (as it appears on card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (MM/YY)

CVV Number \_\_\_\_\_ (The 3-digit code is located on the back of your card, inside the signature area. Typically the signature panel will have a series of numbers, but only the last three digits make up the CVV code.)

Credit Card (circle one): MasterCard | VISA

I authorize the Medicare Rights Center to charge my credit card for the amount indicated above:

Signature \_\_\_\_\_

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Is this gift a tribute donation? (circle one) Yes No

This gift is: \_\_\_\_\_ in honor of \_\_\_\_\_ in memory of

Name \_\_\_\_\_

Send gift announcement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ E-mail \_\_\_\_\_

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**Please complete this form and mail it to:**

**Medicare Rights Center**  
520 Eighth Avenue  
North Wing, 3rd Floor  
New York, NY 10018  
ATTN: Donations Processing

Code : **WEB09F**