



2017 Washington, D.C. Walk of Hope Donation Form

I am supporting: _____
(Name of Walk of Hope Participant)

With a tax-deductible gift of:

- \$500 Champion: underwrites recruiting and training a volunteer to offer a new RESOLVE support group in a local community.
- \$250 Family Builder: underwrites one educational TeleSeminar available at no cost to individuals nationwide.
- \$150 Advocate: underwrites the cost of mobilizing grassroots action by sending an advocacy action alert.
- \$60 Supporter: underwrites the cost of providing free regional HelpLines for one week to individuals in need of one-on-one support.
- Other: _____

Donor Name (as you want it to appear in Annual Report)

Street Address

City State Zip

E-mail Address

Please tell us about yourself:

- I am still trying to build my family
- I have resolved my infertility/my family is complete
- I know/love someone with infertility
- Yes, I would like to receive RESOLVE information, updates, and alerts
- Please send information, updates, and alerts to (email address): _____
- No, I do not want to receive RESOLVE information, updates, or alerts

Enclosed is my check made payable to:

RESOLVE: The National Infertility Association
7918 Jones Branch Drive, Suite 300 McLean, VA 22102

Questions? Please contact us at 703.556.7172 or info@resolve.org.

RESOLVE's Federal Tax Identification Number (EIN) is 23-7413696.
For more information about RESOLVE and the impact of your donation, please visit www.resolve.org/donate.