



# Donation Form



Please mail this form to:

AXYS  
PO Box 659  
Paoli, PA 19301 (Credit card donors may scan the form and attach to email.)

Please Indicate the Amount of Your Donation: \$

Designate my gift for AXYS  Designate my gift for the XXYY Project

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check one:  MasterCard  Visa  AMEX  Check (Make check payable to AXYS)

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

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CCID (from back of card): \_\_\_\_\_

In memory of  In honor of \_\_\_\_\_

Signature: \_\_\_\_\_

You can also donate securely online at [genetic.org](http://genetic.org), click the Donate Now button at the top of the webpage.

Your gift is tax deductible to the full extent allowed by law.  
No goods or services were provided by AXYS in exchange for this gift.  
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