



Date: \_\_\_\_\_

**Thank you for your generosity. Your donation helps advance research, raise awareness, and provide vital resources for individuals and families affected by Wilson disease.**

I'd like to make a monthly recurring gift in the amount of: \$ \_\_\_\_\_.

I'd like to make a one-time gift in the amount of: \$ \_\_\_\_\_.

**Please designate your gift to the area that has the greatest meaning to you**

General Contribution Fund

Patient Registry Fund

Willam & Mary Graper Memorial Fund (in support of the MAP Program)

Education and Communications Fund

Canada Chapter Fund

This gift is in honor/memory of \_\_\_\_\_  
(circle one)

**Giving Tiers**

Bronze - \$25-\$199

Silver - \$200-\$749

Gold - \$750-\$1,499

Platinum - \$1,500-\$4,999

Copper - \$5,000+

Send acknowledgement to \_\_\_\_\_  
Name Street

City State/Province Postal/Zip Code Country E--mail

All donations will be acknowledged in the Copper Connection newsletter. To remain anonymous, please check here.

**PAYMENT INFORMATION:**

My check is enclosed

Charge the gift to my credit card

**Type of credit card:**

Visa

Mastercard

American Express

\_\_\_\_\_  
Name as listed on card

\_\_\_\_\_  
Credit card number exp CVV (3 digit code)

**PERSONAL INFORMATION:**

Please provide your personal information for our records.

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please mail to:

Wilson Disease Association, 224 W 35th St Ste 500 #676 NY, NY 10001