

OFFLINE DONATION FORM

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Please make checks payable to **American Sleep Apnea Association**(Please do not staple or tape checks to this form)

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Donor Name		
If you are mailing this donation on behalf of a organization:	n organization,	please write the name of the
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Thank you for your contribution!

Mail this form and your check/money order (please do not send cash) to:

American Sleep Apnea Association 1250 Connecticut Ave NW, Ste 700 Washington, DC 20036

For questions or concerns, please contact Elizabeth Johnson at ejohnson@sleepapnea.org
All donations are tax deductible to the extent allowed by law. No goods or services were provided to you in consideration for this gift. ASAA Tax ID: 54-1545170