OFFLINE DONATION FORM

This printable form is available for supporters who wish to make a donation via check or money order.

Please make checks payable to Wellness Sleep & Circadian Network

(Please do not staple or tape checks to this form)

Check/Money Order Number _____ Amount _____

Donor Name _____

If you are mailing this donation on behalf of an organization, please provide the following:

Name of Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

☐ Yes, I want to receive emails from WSCN.

Donor Restrictions: *(Choose one)*

○ General Donation – No Restrictions ○ AWAKE Angels ○ Education ○ Research ○ Other _____

☐ Memorial Donation – In Memory of _____

If you would like us to mail a letter to someone regarding your dedication gift, please complete the following information for the letter's recipient:

Recipient Name _____

Mailing Address _____

Thank you for your contribution!

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

Wellness Sleep & Circadian Network
1250 Connecticut Ave NW, Ste 700
Washington, DC 20036

For questions or concerns, please contact Elizabeth Johnson at ejohnson@sleephealth.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. WSCATax ID: 54-1545170