

**CONTRIBUTIONS TO  
GALACTOSEMIC FAMILIES OF MN**

We do not require a membership fee, although we do ask for contributions, which cover our expenses and other projects our group determines.

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

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

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

I am a .....(check one)

- Parent
- Galactosemic individual
- Relative
- Galactosemic Professional
- Friend
- Business
- Other: \_\_\_\_\_

GF-MN is classified by the IRS as a 501 (c) (3) organization; all contributions from individuals, companies and foundations are tax deductible.

Please make checks payable to:

Galactosemic Families of MN (GF-MN)  
P.O. Box 24602  
Edina, MN 55424

GF-MN Tax ID # 41-1927849

Amount Donated: \$ \_\_\_\_\_

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