



Aniridia Foundation International[®]

Take our Hands, Walk with Us, Share our Dreams, and Help Make a Miracle!

Helpful information about the AFI Supporter Annual Registration form

All Supporter registration information and online payment / monthly giving links may be found on our website www.make-a-miracle.org Click on JOIN US

Step 1: See Supporter Program brochure and choose a Circle Level of support

Step 2: Fill in this PDF fillable form and SAVE file with your last name or print
(Please note: If you are a Mac user, please do not fill in the form using Mac Preview. Download the pdf file and use Acrobat Reader instead.)

Step 3: Submit your annual registration form (pages 2 and 3) electronically or by mail.

ONLINE: send document to register_AFI@make-a-miracle.org

BY POSTAL MAIL: Aniridia Foundation International
P.O. Box 41, Manitowish Waters, WI 54545-0041

Step 4: Pay your annual fee by check with mailed registration form or pay with credit card or bank debit electronically on our website as stated above. *Annual fees are due every February to maintain your registration.*

Step 5: Set up your pledged monthly giving per your Circle level of support on website as stated above.

Pledges of **monthly giving show your support** for the Aniridia syndrome mission of helping people and advancing research. Many with limited financial ability contacted us to say they want to feel like they are part of the team and helping – **we value everyone** - so no matter the pledge amount – every little bit helps. (Option: if you prefer to make one donation covering all 12 months, mail a check or notate)

United and Working together – we CAN make a difference.

Submission of the annual registration form each February are not required for those participating in monthly giving. However, please inform us of any family or contact information changes by email to aniridia@make-a-miracle.org to keep your registration up to date and not miss important information.

Notes on information we ask for:

- Employment information helps AFI find opportunities to utilize member skills and company donation matching programs. AFI will **never** contact companies.
- **Sporadic Aniridia** means neither parent has Aniridia; **Familial Aniridia** means that one of their parents have Aniridia Syndrome.
- Race is asked for statistical research data **ONLY**.
- If genetic testing has already been done, please attach all genetic reports and letters for your **AFI Medical Registry** file. To discuss having it done, check **CONTACT ME**.

AFI Supporter Annual Registration Form

I am a (check all that apply):

- Parent of a child with Aniridia who is 17 years or younger
- Parent of a child with Aniridia who is now an adult (*fill in relative w/ aniridia below*)
- I have Aniridia. My birthdate is: (M/D/Y) _____
- My relative(s) has Aniridia. He/she is my _____ Male or Female _____
Name: _____ Birthdate: (M/D/Y) _____
- I have multiple extended family members with Aniridia. Please contact me

Annual Registration Fee and Supporter Level Selection

I will be paying my annual registration fee by (check one):

- a **check** mailed in with this form OR by **credit card or bank debit**

My chosen Supporter Circle level is:

- Stargazer Circle with \$ _____ monthly donations (*\$15 minimum if participating*)
- Angel Circle with \$ _____ monthly donations (*\$25 to \$64 per month range*)
- Guardian Angel Circle with \$ _____ monthly donations (*\$65 to \$99 per month range*)
- Archangel Circle with \$ _____ monthly donations (*\$100 and up per month range*)

My employer matches donations. Contact me _____ (list company under your name)

Set up Monthly Donations via credit card or bank account debit

Head of Household

First Name: _____ Last Name: _____ Male or Female: _____
Area of Employment: _____ Company: _____
Cell Phone: _____ Preferred Email: _____

If diagnosed with aniridia, please fill out the following: Birthdate (M/D/Y): _____
Sporadic or Familial: _____ Race: _____ Has had genetic testing? Yes No

Spouse

First Name: _____ Last Name: _____ Male or Female: _____
Area of Employment: _____ Company: _____
Cell Phone: _____ Preferred Email: _____

If diagnosed with aniridia, please fill out the following: Birthdate (M/D/Y): _____
Sporadic or Familial: _____ Race: _____ Has had genetic testing? Yes No

Address

Street: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

If outside of USA, list province and country: _____

(Please put aniridia@make-a-miracle.org in your address books to avoid important information mailings and invitations from going into your SPAM folder.)

Tax deduction receipt choice:

We are a 501(c)3 non-profit organization and all donations are tax deductible.

I would like our tax deduction receipt letter to be sent:

_____ via email or _____ via postal mail

(Monthly donors will receive a year-end receipt unless monthly emailed receipts are requested)

Children under 18 years old with aniridia

Child 1: First Name: _____ Last Name: _____ Male or Female: _____

Birthdate (M/D/Y): _____ Sporadic or Familial: _____ Has WAGR? _____

Race: _____ Has had genetic testing? ___ Yes ___ No Contact me _____

Child 2: First Name: _____ Last Name: _____ Male or Female: _____

Birthdate (M/D/Y): _____ Sporadic or Familial: _____ Has WAGR? _____

Race: _____ Has had genetic testing? ___ Yes ___ No Contact me _____

Child 3: First Name: _____ Last Name: _____ Male or Female: _____

Birthdate (M/D/Y): _____ Sporadic or Familial: _____ Has WAGR? _____

Race: _____ Has had genetic testing? ___ Yes ___ No Contact me _____

Child 4: First Name: _____ Last Name: _____ Male or Female: _____

Birthdate (M/D/Y): _____ Sporadic or Familial: _____ Has WAGR? _____

Race: _____ Has had genetic testing? ___ Yes ___ No Contact me _____

(More than four children with aniridia? Please attach a sheet of paper or word document)

Children without aniridia

(Registered children will be allowed to attend conferences, social gatherings, children's programs with their siblings and help with family statistical information.)

Name: _____ Birth Year _____ Name: _____ Birth Year _____

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To help AFI evaluate communications and activity needs, our household uses:

_____ Zoomtext Software Used by: _____ (name(s))

_____ Screen Reader (Audio) Software Used by: _____ (name(s))

_____ Guide Dog Used by: _____ (name(s))