



**I am making a gift of:**

Amount: USD \$

**Personal Information for tax-deduction purposes:**

Name:

Company:

Address:

City/State/Zip:

eMail:

Yes, I may be contacted by email

Yes, I would like to receive the TB Alliance e-newsletter

Phone:

**Check or credit card information:**

Please make checks payable to The Global Alliance for TB Drug Development or provide your credit card information below.

Name on card:

Card type:

Account number:

exp:

Signature:

date:

**Please print this form and mail to:**

The Global Alliance for TB Drug Development  
attn: Anu-Raga Mahalingashetty  
40 Wall Street, 24th floor  
New York, N.Y. 10005  
USA