



# Northwest Lymphedema Center

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# Donation Form

Date \_\_\_\_\_

The Northwest Lymphedema Center, a 501(c)3 non-profit organization, was founded in 1993 as a patient-education center. Lynn Fass, RN, CLT, and President of the NWLC, is also a lymphedema therapist and a primary lymphedema patient herself. She donates her time for lymphedema patient consultations every Wednesday. Lynn and JoAnn Rovig, CLT-LANA, co-founder of the NWLC, teach a six-hour self-care class for patients and their caregivers every quarter at the JoViPak Design Center in Kent, Washington. These classes are often videotaped and include segments on decongestive therapy, (including Manual Lymph Drainage), compression products, exercise, skin care, and nutrition.

In August 2007, the NWLC Board of Directors agreed that patient education is both Lynn and JoAnn's legacy, and with the availability of streaming videos, are in a position to offer this information via the internet to anyone who would find it beneficial.

The Board is offering these self-care instructional videos at no charge. It is their gift to you; however, it is their hope that those of you who find the information helpful, understand your tax deductible donations are what allows the NWLC to continue as well as expand this educational program.

**YES!** I want to help fund the NWLC educational program.

My tax deductible donation of \_\_\_\_\_ will fund the videotaping, editing, website administration and streaming server needed to make this self-care program possible.

I believe every lymphedema patient should have access to this information and I want to be a part of the Northwest Lymphedema Center's mission of *"Helping others understand and meet the challenges of lymphedema."*

### Name & Address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

### Payment Info

Pay by Check **(Payable to NWLC)**

Pay by Credit Card

(The Northwest Lymphedema Center will call you for your CC information)

Enclosed is my gift of \_\_\_\_\_ Name \_\_\_\_\_

Check Number \_\_\_\_\_ Phone \_\_\_\_\_

Please print form, complete and enclose with your check or credit card information.