



[Your Name]
[Your Position, e.g., Director/Volunteer Coordinator]
Better Future 4 U
2703 HWY 1
Murray, NE 68409
info@BF4U.org
[Phone Number]
[Date]

[Donor Name/Business Name]
[Donor Address]
[City, State, ZIP]

Dear [Donor's Name/Organization Name],

I hope this message finds you well. My name is [Your Name], and I am [Your Role] with Better Future 4 U, a global patient advocacy organization dedicated to HNRNPU, a rare genetic disorder. Our mission is to improve the lives of those impacted by this rare genetic disorder by fundraising for research and treatment, and by providing resources and support to patients and their families.

We are reaching out to request your support through an in-kind donation for [specific need/event]. Your generous contribution will directly benefit our efforts to [specific goal, e.g., "fund research initiatives,"].

Examples of in-kind donations that would be especially impactful include:

[Specific items or services, e.g., gift cards, auction items, printing services, venue space, or professional services like graphic design or marketing.]

Your support will not only help drive critical advancements in HNRNPU research but also contribute to improving the lives of those impacted by this condition. As a token of our gratitude, we would be delighted to acknowledge your generosity in [specific way, e.g., event programs, our website, or social media].

If you are able to contribute, please contact me directly at [email address or phone number]. Additionally, I've attached a donation form for your convenience, which outlines our organization's nonprofit status and relevant tax deduction information.

Thank you for considering this opportunity to make a difference. Together, we can create a better future for individuals and families facing HNRNPU.

Warm regards,

[Your Full Name]
[Your Position]
Better Future 4 U



Better Future 4 U In-Kind Donation Form

Donor Information

Name/Organization: _____
Contact Person (if applicable): _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____ Email: _____

Donation Details

1. Description of Item(s) or Service(s): _____
2. Estimated Value: \$ _____
3. Donation Type:
 Gift Certificate/Gift Card
 Product(s)
 Service(s)
 Other (please specify): _____
Special Instructions or Restrictions (if any): _____
Event or Program Benefiting from This Donation (if applicable): _____

Acknowledgment Information

Please indicate how you would like your donation to be acknowledged:

As listed above (Name/Organization)

Anonymous

Other: _____

Tax Information

Better Future 4 U is a registered 501(c)(3) nonprofit organization.

Tax ID Number: 93-2977129

Your donation is tax-deductible as allowed by law. Please retain a copy of this form as a record for your tax purposes.

Signature and Date

I certify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

Thank You!

Your generosity is vital to our mission of advancing research and support for individuals and families impacted by HNRNPU. We deeply appreciate your support in creating a better future.

For questions or additional information, please contact us at:

Email: info@BF4U.org