

**Donation Information:** 

Thank you for supporting research at the Institute for Neurodegenerative Disorders.

Your gift is very much appreciated and it is tax-deductible to the full extent of the IRS regulations. Please print out this form and send it to us at the address below.

Gift Amount: \$25	\$50	\$100	\$\$250	\$500	Other		
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Phone:	e: Email:						
Payment Informatio	n:						
Method of payment:	Check (	Payable to	o IND)				
Please charge my:	Visa	M	asterCard		American Express		
Credit Card #: Exp. Date:						Date:	
Name on card:							
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City:	State/Province:						
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Signature:							
If you make your gift designated person.	in honor o	memory	of a loved o	one, we w	II be glad to send ar	n acknowledgement to a	
This gift is in memory	/honor (cir	cle one) c	of:				
Send acknowledgem	ent to: Na	me:					
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Please send this form IND), 60 Temple St,	-	-				generative Disorders (o tment	