

Monthly Mail-in Donation Form

Name: _____

Address: _____

City: _____ **State/Province:** _____ **Zip code:** _____

Country: _____

Phone Number: _____

Email: _____

I am making a tax-deductible monthly donation of:

\$50 \$100 \$200 \$500 \$1000 Other _____

(Optional) Until ____/____/____

If you would like to donate with a credit card, please provide the following information:

Card/Account Number: _____ **Exp Date:** _____

Authorized Signature: _____ **Date:** _____

(Optional) I would like to dedicate this donation: **In honor of** **In Memory of**

Name/Organization: _____

Name of Person to Notify: _____

Address: _____ **City:** _____

State/Province: _____ **Zip code:** _____ **Country:** _____

Thank you for donating to the World Neurology Foundation and contributing to our mission of improving neurological care in low-resource regions!