

## One-Time Mail-in Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**I am making a tax-deductible donation of:**

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

**Please make your check payable to: World Neurology Foundation. Then send it with this form to the following address: 110 FISHERMANS COVE, CROWN POINT, NY 12928**

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

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!**