



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.

**Donation Information:**

Gift Amount:  \$25  \$50  \$100  \$250  \$500  Other \_\_\_\_\_

Donor Name \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

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

**Payment Information:**

Method of payment:  Check (Payable to IND)

Please charge my:  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_

If you make your gift in honor or memory of a loved one, we will be glad to send an acknowledgement to a designated person.

This gift is in memory/honor (circle one) of: \_\_\_\_\_

Send acknowledgement to: Name: \_\_\_\_\_

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

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

Please send this form with your check (if applicable) to: The Institute for Neurodegenerative Disorders (or IND), 60 Temple St, Suite 8B, New Haven, CT 06510 Attention: Finance Department

**Thank you!**