

Please **PRINT** and **COMPLETE**, then **MAIL** along with your check to the
ADDRESS BELOW. Thank you very much from the Sister Study.

Date: _____

Name: _____

Address1: _____

Address2: _____

City ST Zip: _____

Linda Birnbaum, PhD DABT ATS
Director
NIEHS
National Institutes of Health
PO Box 12233
Research Triangle Park NC 27709

Dear Dr. Birnbaum:

Please accept this donation ☐ on behalf of ☐ in honor of ☐ in memory of

_____,
(organization/individual)

in the amount of \$ _____
(amount)

as a conditional gift for the Sister Study under the direction of Dr. Dale Sandler.

In the event that any unobligated excess funds remain in the account after completion of the study, we acknowledge that any unexpended balances can be deposited in the NIEHS unconditional gift fund and made available to support other NIEHS activities.

Sincerely,

(your signature)

cc: Budget Officer, NIEHS
AO, DIR, NIEHS