

FORM FOR DONATIONS TO BEBRF

Date _____

Name _____

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Amount of Donation \$ _____

Newsletter Subscription
\$15 (U.S.) to USA addresses \$ _____
\$25 (U.S.) to non-USA addresses

Total enclosed \$ _____

I would like this to be used for Education & Support _____ Research _____

If this donation is made in honor of _____ or memory of _____ someone, please add their name:

Please send notification to _____ at the following address:

I am a (patient, friend, family member, etc.) _____

BEBRF is a registered 501(c)(3) non-profit organization. All donations are fully deductible and an appropriate receipt will be sent by mail.

Make check or money order payable to BEBRF

or

Include credit card information

___ Visa or ___ MasterCard

Name on credit card _____

Credit card number _____

Expiry date (mm/yyyy) _____ CVV2 (from back of card) _____

Send to: Benign Essential Blepharospasm Research Foundation

P. O. Box 12468

Beaumont, TX 77726-2468