

Yes! I am pleased to help The Dysautonomia Project!

GIFT AMOUNT

Enclosed is my GIFT of :

\$50 \$100 \$250

\$500 \$1,000 Other _____

I am making a PLEDGE of :

\$ _____ PER YEAR

to be given in equal

MONTHLY QUARTERLY ANNUAL installments

for 1 2 3 5 YEARS OTHER _____

Comments: _____

Please make check payable to:
THE DYSAUTONOMIA PROJECT
(727) 222-4616

Thank You!

Please charge my donation to my:

VISA MasterCard AMEX Discover

Account Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____

- I would like to pay the 2% credit card convenience fee.
- I would like information on leaving a legacy gift.
- I would like information on volunteer opportunities.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES ON THEIR WEBSITE WWW.800HELPFLA.COM OR BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. REGISTRATION #CH42034

DONOR INFORMATION

Please change your records as indicated below :

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone () _____

Work Phone () _____

Fax () _____

E-Mail _____

HONOR - MEMORIAL/SPECIAL GIFT INFORMATION

In honor of _____

In memory of _____

Birthday Anniversary Other _____

We will send an acknowledgment to:

Name _____

Address _____

City _____ State _____ Zip _____

(Amount of gift will be kept confidential)