

MAIL-IN DONATION FORM for All TS Alliance Donations (EXCEPT walk events)

Please complete this form and mail your donations to the address below.

CONTACT INFORMATION:

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

DONATION INFORMATION:

Donation Type: *General* *Membership* *Research* *Memorial* *Honorarium* *Event*
(Please circle one, and if this is for an event please be sure to list the name of the event below)

Name of Event: _____

PAYMENT METHOD:

- Check enclosed (*Payable to the TS Alliance*)
 Charge my Credit Card - _____ AmEx _____ Discover _____ MasterCard _____ Visa

Amount of Gift: \$ _____

Account Number: _____ Exp. Date: _____

Name as it shows on your card: _____

Credit Card Signature: _____

PLEASE ACKNOWLEDGE (Applies to Memorial or Honorarium gifts only)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Special Message: _____

Mail this form along with donations to:

Tuberous Sclerosis Alliance
801 Roeder Rd, Suite 750
Silver Spring, MD 20910