the FOUNDATION for PERIPHERAL NEUROPATHY®

MAIL-IN DONATION FORM

AMOUNT ○ **$50** ○ **$100** ○ **$250** ○ **$500** ○ **$750**
○ **$1,000** ○ **$2,500** ○ **$Other $_____**

*****ALL DONATIONS OF $50 OR MORE COME WITH A COMPLIMENTARY ONE-YEAR PREMIUM MEMBERSHIP.*****

FREQUENCY ○ **One Time Donation** ○ **Recurring Donation** (Please circle)

Donation Day of Month: 1st or 15th day of the month
Donation Frequency: Monthly Quarterly Annual
Number of Payments: _____
Date of First Donation: _____

DONOR INFORMATION

First Name: _____ Last Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Telephone: ( ) _____ - _____ Email: _____

ENCLOSED IS MY CHECK PAYABLE TO *THE* FOUNDATION *FOR* PERIPHERAL NEUROPATHY:

CHECK #_____ CHECK DATE: _____

-OR-

PLEASE CHARGE MY CREDIT CARD (PLEASE ENSURE ADDRESS ABOVE IS ALSO CREDIT CARD BILLING ADDRESS):

CC #: _____ **CC Type:** Visa AMEX MC Discover

Cardholder's Name: _____ **Expiration Date:** _____ **CVC/CVV Code:** _____

ADDITIONAL INFORMATION

My relationship with PN is?
○ I Have PN
○ My family member has or had PN
○ Other: _____
○ My friend has or had PN
○ I am a healthcare provider: (Please circle)
Physician Nurse Other

How did you hear about us?
○ Friend/Family
○ Internet/Search
○ Event
○ Physician
○ Social Media
○ Other: _____

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CUSTOMIZE YOUR DONATION

I would like to make this donation: (Please fill out additional form for Special Occasion or In Memory/Honorarium)

○ **In Memory/Honorarium** ○ **A Regular Donation** ○ **Special Occasion**

IN MEMORY/HONORARIUM

TRIBUTE TYPE ○ In honor of: _____ ○ In memory of: _____

SPECIAL OCCASION

TRIBUTE TYPE ○ Anniversary ○ Birthday ○ Bar/Bat Mitzvah ○ Holiday

NOTIFICANT INFORMATION (WHO WE SHOULD NOTIFY ABOUT YOUR DONATION):

First Name: _____ Last Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Telephone: ( ) _____ - _____ Email: _____

CUSTOM MESSAGE TO APPEAR ON YOUR CARD:

_____

_____

_____

_____

_____

PLEASE MAIL THIS FORM WITH PAYMENT TO:

the Foundation *for* Peripheral Neuropathy
485 E Half Day Rd Ste 350
Buffalo Grove, IL 60089-8808