



**NEUROMUSCULAR
DISEASE FOUNDATION**

Yes! I want to support the Neuromuscular Disease Foundation.

Enclosed is my contribution of:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 \$

I want to contribute monthly using my credit card:

\$500 \$250 \$100 \$50 \$40 \$30 \$20 \$

My check is enclosed (*Make payable to NDF*) Please charge my: MasterCard Visa American Express

Credit Card Number _____ Exp. Date _____ CVV _____ Signature _____

My employer will match my gift. The matching gift form is: Enclosed Forthcoming Please follow up with me

Name _____

Name(s) as you would like to appear on our donor list _____

Company/Organization _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

This gift is made: In honor of On the occasion of In memory of _____

Please send an acknowledgement gift card to _____

The amount of your gift will remain confidential

Address _____ City _____ State _____ ZIP _____

The Neuromuscular Disease Foundation is a 501(c)(3) nonprofit organization. Tax ID# 06-1789643. Your contribution is tax-deductible to the extent permitted by law.

Please return this form to: 269 S. Beverly Drive, Suite 1206, Beverly Hills, CA 90212 • (310) 721-1605