

Monthly Mail-in Donation Form

Name: _____

Address: _____

City: _____ State/Province: _____ Zip code: _____

Country: _____

Phone Number: _____

Email: _____

I am making a tax-deductible monthly donation of:

☐\$50 ☐\$100 ☐\$200 ☐\$500 ☐\$1000 ☐Other _____

(Optional) Until ____/____/____

If you would like to donate with a credit card, please provide the following information:

Card/Account Number: _____ Exp Date: _____

Authorized Signature: _____ Date: _____

(Optional) I would like to dedicate this donation: ☐ In honor of ☐ In Memory of

Name/Organization: _____

Name of Person to Notify: _____

Address: _____ City: _____

State/Province: _____ Zip code: _____ Country: _____

Thank you for donating to the World Neurology Foundation and contributing to our mission of improving neurological care in low-resource regions!