

## **Donation Form**

National Brain Tumor Society EIN: 04-3068130

## Donate online at www.braintumor.org

Please sign below to acknowledge the Privacy Policy above.

Signature

Online donations are the most efficient way to give! If you are unable to donate online, please mail or fax this completed form to: National Brain Tumor Society, 55 Chapel Street, Suite 200, Newton, MA 02458. Donations made with credit cards can also be faxed to 617.924.9998.

Please print clearly. Questions? Call 617.924.9997 or visit www.braintumor.org

DONOR INFORMATION	
Name(s):	
Company (if applicable):	Title/Postion:
Address:	
City:	State: Zip:
Email:	Phone:
(Never sold or exchanged)  I have included National Brain Tumor Society in my estate plans.	
☐ Please send me more info on how to include National Brain Tumor S	ociety in my estate plans
	ociety in my estate plans
DONATION INFORMATION	
☐ I/We wish to make a tax-deductible donation of \$	
☐ I/We wish to make a monthly recurring gift of \$ end	ng on
Please select an area of designation:	
☐ Area of greatest need ☐ Pediatric Research Initiative	
☐ Defeat GBM ☐ Oligodendroglioma Research	Fund
Tribute Information (if applicable)	
☐ This gift is in honor of:	
☐ This gift is in memory of:	
Please notify the following person(s) of my tribute gift:	
Name(s):	
Address:	
City:	State: Zip:
Relation to honoree:	
Matching Gift:	
Double your gift by submitting a matching gift form from your employer!	
☐ My matching gift form is enclosed.	
PAYMENT TYPE	
☐ Check/money order enclosed, payable to National Brain Tumor Soci	ety.
☐ Charge my credit card \$	
Circle one: Visa / Mastercard / American Express / Discover	
Card #: Exp. Date	e: / CVC #: Billing Zip Code:
Please print name as it appears on card	Signature of Cardholder
PRIVACY POLICY	
National Brain Tumor Society values the trust you place in us. We will not sell, trac participating in this event with anyone else, nor will we send donor mailings on be complete privacy policy, visit www.braintumor.org/privacy.	