

FORM FOR DONATIONS TO BEBRF

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Name _____

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Amount of Donation \$ _____

Newsletter Subscription \$ _____

\$15 (U.S.) to USA addresses

\$20 (U.S.) to non-USA addresses

Total enclosed \$ _____

This donation is made in honor of _____

I am a (patient, friend, family member, etc.) _____

BEBRF is a registered 501(c)(3) non-profit organization. All donations are fully deductible and an appropriate receipt will be sent by mail.

Make check or money order payable to BEBRF and mail to:

Benign Essential Blepharospasm

Research Foundation

P. O. Box 12468

Beaumont, TX 77726-2468