

Contribute to the NAF Today!

The Neuropathy Action Foundation (NAF) is exempt under Section 501 (c) (3) of the Internal Revenue Code, making this gift tax deductible as allowed by law.

DONOR INFORMATION

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CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ E-MAIL ADDRESS _____

- YES, I would like to be added to your e-mail list.
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GIFT INFORMATION (please check one and fill out the appropriate information)

Enclosed is my gift of \$ _____
 (Please make check payable to **Neuropathy Action Foundation.**)

Please charge my credit card for \$ _____
 MasterCard® Visa® American Express®

Credit Card Number _____ Expiration Date _____

Name As It Appears On Card _____

Card ID # _____
 (Four digits printed above the card number on front of AMEX OR last three numbers on back of Visa or MC)

Signature _____

- YES, the NAF may list my name/organization on the NAF website indicating that I am a donor.
 NO, please do not list me or my organization as a donor on the NAF website.

Please Return This Gift Form To:

Neuropathy Action Foundation
 1950 Old Tustin Avenue
 Santa Ana, California 92705
 Info@NeuropathyAction.org