

**GENERAL OR TRIBUTE GIFT  
DONATION FORM**

**DONOR INFORMATION**

Donor Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**TRIBUTE INFORMATION (IF APPLICABLE)**

I am making this gift:  
In memory of *(the person's name who has passed)* \_\_\_\_\_  
In honor of *(the person's name)* \_\_\_\_\_  
In celebration of *(a special event)* \_\_\_\_\_  
In recognition of *(a special event)* \_\_\_\_\_

**ACKNOWLEDGEE INFORMATION**

Please notify the following person(s) of this gift *(your gift amount will not be disclosed)*:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**GIFT INFORMATION**

Please accept my donation in the amount of \$ \_\_\_\_\_

Please designate my gift for the following purpose *(check one)*:

- The Annual Fund (unrestricted operating support)     Educational Programs  
 Support Groups     Brain AVM Research  
 Epilepsy Research

I am making this gift:

- By Check    Make checks payable to **Leslie Munzer Neurological Institute**  
 By Credit Card    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ American Express    \_\_\_ Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Three or four digit security code on front or back of card \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature *(required)* \_\_\_\_\_

**Please mail your completed form to: Leslie Munzer Neurological Institute, 1500-8A Route 112,  
Port Jefferson Station, NY 11776. For more information call 516-442-3527.**

**THANK YOU FOR HELPING PEOPLE WITH NEUROLOGICAL DISEASES!**