

PRINT & SEND DONATION FORM

Please mail your tax-deductible donation with this form to:

The Transverse Myelitis Association
1787 Sutter Parkway
Powell OH 43065-8806



Please make checks payable to:
The Transverse Myelitis Association

Please include this form with your mailing:

Enclosed is a check/money order for \$ _____.

Recognition:

Donors may be recognized in publications. Please print your name as you wish it to appear.
Check here if you wish to remain anonymous ____.

Name: _____

Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Designation:

Please designate your donation for a specific fund or purpose for how you would like your donation to be used.

Where needed: __ Education: __ Research: __ Jim Lubin Fellowship: __ Other: _____

Dedication (Optional):

This gift is made (please check one):

In Memory of: __ In Honor of: __ On the Occasion of: _____

Name: _____

Please send acknowledgment to (Name): _____

Address: _____

Company Matching Donation:

Increase your gift! Check with your company's human resource department to inquire about a matching gift program. Send the completed matching gift form to TMA along with your donation, and we'll take care of the rest!

Additional Ways to Give:

- ☐ I am making my gift with appreciated securities.
- ☐ I have included The Transverse Myelitis Association in my will, a trust, or other financial plans.
- ☐ I would like information on how to include The Transverse Myelitis Association in my will.
- ☐ I would like to know more about gifts that provide income for life to me and/or another beneficiary.
- ☐ I would like information on tax benefits to me from gifts of: appreciated securities, life insurance, real estate, antiques, artwork, or other personal property
- ☐ I would like to know more about ways of giving to The Transverse Myelitis Association.

Please call me at this #: _____. The best day and time to call is _____.

It is our goal to have sufficient funds to perform the work of the Association through voluntary contributions and some form of institutional funding. Contributions will be used to provide membership support, advance education and research programs on rare neuro-immunologic disorders of the central nervous system, which include: Transverse Myelitis (TM), Acute Disseminated Encephalomyelitis (ADEM), Optic Neuritis (ON), and Neuromyelitis Optica (NMO). There are no membership dues for TMA members, and we would like to maintain this policy for the Association.

The Transverse Myelitis Association is a registered nonprofit organization and is recognized by the U.S. Internal Revenue Service as a 501(c)(3) organization. Your donation is tax deductible to the extent provided by U.S. law. Our Tax ID number (EIN) is 91-1780467.