

To: Narcolepsy Network, Inc.
Re: Donation

Please print

Name _____

Address _____

City _____

STATE

ZIP

I wish to make a donation to support the work of Narcolepsy Network, Inc.
(Please check as applicable.)

_____ Enclosed is a check* in the amount of \$ _____

_____ I wish to charge a one-time donation of \$ _____ to my credit card:

Circle one: Visa MasterCard Amex Discover

Card # _____ Exp. Date _____

Signature _____

_____ For the primary purposes or programs of Narcolepsy Network:

_____ In memory of (name) _____

_____ In honor of (name) _____

_____ Restricted to (state purpose) _____

_____ Please list the donor as "Anonymous".

_____ Please add my name to your general mailing list.

Checks may be made payable to NARCOLEPSY NETWORK, INC.

*Due to the high cost of currency conversion, we cannot accept checks of less than US\$50 drawn on non-U.S. banks. Please consider charging your donation to take advantage of the more favorable conversion rates.

All gifts are tax deductible to the extent provided by law.

Financial statements are available upon request.