

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 _____

3 or 4 Digit Security Code _____

_____ 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.