



2009 DONATION FORM

Mail Completed Form To:	Fax Completed Form To:	Call Us:
The Chiari Center Foundation PO Box 2181 Orland Park, Illinois 60462 United States of America	708.949.8961 <i>(No cover sheet is necessary.)</i>	877.7.CHIARI 877.724.4274 708.949.8974

I / We would like to donate the following amount to The Chiari Center Foundation:

Amount: \$. **One Time Donation*** or **Monthly Donation****
 (Please circle one above.)

**One time donations are a one time only single donation.*

***Monthly Donations will auto bill every month for twelve months and must be paid by credit or debit card.*

Donating by Check: Please mail this form and your check to the address above payable to The Chiari Center Foundation.

Donating by Debit/Credit Card: Please mail or fax this form to the address or fax number above and fill in your debit/credit card information below.

Credit/Debit Card Information:

Credit/Debit Type (circle one): VISA MasterCard Discover American Express

Name on Card:

Card No.:

Expiration Date (mm/yy): / Card Security Code:

Billing Address:

Billing Address 2 / Company Name (if applicable):

City: State: ZIP:

Country: Phone:

All Donations are processed immediately upon receipt. If your donation is not processed within 10 days from the date remitted, please contact us via phone at the numbers above.

Email: @ .

Comments:

Signature: Date: