

**FORM FOR DONATIONS TO BEBRF**

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_Country\_\_\_\_\_

Phone\_\_\_\_\_E-mail\_\_\_\_\_

Amount of Donation \$\_\_\_\_\_

Newsletter Subscription \$\_\_\_\_\_

\$15 (U.S.) to USA addresses

\$20 (U.S.) to Canada or Mexico addresses

\$25 (U.S.) to other non-USA addresses

Total enclosed \$\_\_\_\_\_

This donation is made in honor of

\_\_\_\_\_

Please send notification to honoree at the following address:

\_\_\_\_\_

I am a (patient, friend, family member, etc.)\_\_\_\_\_

BEBRF is a registered 501(c)(3) non-profit organization. All donations are fully deductible and an appropriate receipt will be sent by mail.

Make check or money order payable to BEBRF

or

Include credit card information

\_\_\_ Visa or \_\_\_ Mastercard

Name on credit card\_\_\_\_\_

Credit card number\_\_\_\_\_

Expiry date (mm/yyyy)\_\_\_\_\_

Send to: Benign Essential Blepharospasm Research Foundation  
P. O. Box 12468  
Beaumont, TX 77726-2468