

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

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

I would like this to be used for Education & Support \_\_\_\_\_ Research \_\_\_\_\_

If this donation is made in honor of \_\_\_\_\_ or memory of \_\_\_\_\_ someone, please add their name:

\_\_\_\_\_

Please send notification to \_\_\_\_\_ 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) \_\_\_\_\_ CVV2 (from back of card) \_\_\_\_\_

Send to: Benign Essential Blepharospasm Research Foundation

P. O. Box 12468

Beaumont, TX 77726-2468