



Donation Form

Donors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my gift of: Check Credit Card Cash

Credit Card Number: _____ exp: _____

\$1000 \$500 \$100 \$50 \$25 Other _____

Matching Gift: Yes No

This gift is: in honor of someone a memorial other _____

In Honor of (name): _____

In Memory of (name): _____

Acknowledge this gift:

Please notify (name): _____

Address: _____

Please make your tax-deductible check payable to: International Rett Syndrome Foundation

Please mail this form with your donation to:

International Rett Syndrome Foundation
4600 Devitt Drive
Cincinnati, OH 45246

Or visit www.rettsyndrome.org/donate to make your donation online. Be sure to include the above information for acknowledgments.

Thank you