

M.I.N.D. Institute
Donor Payment Form

Contact Information:

Name _____

Organization _____

Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____

E-Mail _____

Type of Gift: _____ Amount of Gift _____

This gift is in honor of or memory of:

Name _____

Address _____

City/ State/Zip _____

Method of Payment

Cash/Check Mastercard VISA American Express Discover

Credit Card # _____ Exp. Date _____

Name on Credit Card _____

My company will match my gift

Company Contact Info _____

Stock Transfer

Brokerage Contact Info _____

Gift to be Directed to:

- | | |
|---|---|
| <input type="checkbox"/> MIND General Research | <input type="checkbox"/> Translational Treatment Research |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Genetic Disorders |
| <input type="checkbox"/> Autism Phenome Project | <input type="checkbox"/> Learning Disorders |
| <input type="checkbox"/> Fragile X | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Tourette's Syndrome | |

The UC Davis M.I.N.D. Institute is a nonprofit organization, tax id# 94-6036494

Return form to:
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