

# Donations to Neurofibromatosis, Inc. California

Please print this form and mail it to:  
**Neurofibromatosis, Inc. California**  
**P.O. Box 1234**  
**Vacaville Ca 95696**

Your First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_

I would like to make donation of \$ \_\_\_\_\_

This donation is in **Honor** of a loved one:  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This donation is in **Memory** of a loved one:  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This donation is a corporate donation:  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ This is an individual donation and is not a donation in Honor of or in Memory of a loved one and is not a corporate donation.