

Pledge Form for Diann Shaddox Foundation



Diann Shaddox Foundation for Essential Tremor  
Committed to find a cure for Essential Tremor

Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check.

Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to: Diann Shaddox Foundation or  
DSF

Diann Shaddox Foundation for Essential Tremor  
241 Boxelder Drive  
Aiken, SC 29803  
803-641-0650  
dsfoundation@atlanticbb.net  
www.diannshaddoxfoundation.org

If you'd like to pay by credit card, please visit:  
<http://www.diannshaddoxfoundation.org/donate.html>

Thank you for your tax-deductible donation to help improve millions of people's lives who are living with Essential Tremor. Your generosity helps researchers shed light on movement disorders and improve quality of life.

The Diann Shaddox Foundation for Essential Tremor.