

Pledge Form for Diann Shaddox Foundation



Diann Shaddox Foundation for Essential Tremor

Committed to bring awareness and 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
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 each day with Essential Tremor. Your generosity helps researchers shed light on movement disorders and improve quality of life.

The Diann Shaddox Foundation for Essential Tremor.