



**Donation Form**

I would like to make a gift to:  Friends of SfN Fund  SfN Memorial Fund

Amount:  \$250  \$100  \$50  \$25 Other: \$

\*I would like to donate in memory of:

\*Applies to Memorial Fund only. No initials, please. Name must be provided by June 30<sup>th</sup> in order to be placed in that year's final Program.

I would like my gift directed towards:

Where it's needed most  Trainee Professional Development Awards Program  Education & Outreach

Payment Type:  Check

Please make your check payable to: **Society for Neuroscience** and return the completed form and payment to:  
**Society for Neuroscience**  
**Donations – Attn: Accounts Receivable**  
**1121 14<sup>th</sup> Street, NW**  
**Suite 1010**  
**Washington, D.C. 20005**

First Name:  Last Name:

Company (optional):

Employer Matching Donation Program:  Yes (Please attach your employer's form)  No  
To find out if your company has a matching donation policy, please search your employer's name at:  
<http://matchfinderonline.blackbaud.com/MatchGiftInquiry.aspx?cid=21413>

City:  State:  Zip Code:  Country:

Phone:  Email:

*Thank you for your gift!*