

Name: _____ Telephone: _____

Address: _____

_____ Email: _____

Name of person with hydrocephalus: _____

Birth date: _____ Age at diagnosis: _____

His/her relationship to you: Self Child Parent Spouse Other relative Friend Professional member

Enclosed is my unrestricted donation of:

\$30 \$50 \$100 Other \$ _____

How would you like to receive your quarterly newsletter?

Opt to receive your newsletter via email. In addition to being more eco-friendly, this will allow the Association to put your donation to support our vital programs and cut down on printing and postage costs.

Please send my newsletter via email to: _____

I still prefer to receive a printed copy of the newsletter via the US mail.

Charge my: VISA MasterCard Discover Amount Charged \$ _____

Card No. _____ - _____ - _____ Exp. Date ____ / ____ CVN # _____

Print Name _____

Signature _____

Please remove my name from your mailing list.

I cannot afford a donation at this time but I would like to be counted as a member.

Please check all that apply:

I am on SSI or Disability.

My medical bills have exhausted my finances.

My income is below \$30,000 per year.