



General Donations

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Daytime Phone: _____

Evening Phone: _____

Fax Number: _____

E-mail: _____

Enclosed is my gift of \$ _____

If applicable:

This gift is made in honor of _____

This gift is made in memory of _____

Method of Payment (please do not send cash):

Credit Card (circle one): Visa MasterCard

Card #: _____

Exp. Date (mm/yyyy): _____

Printed Name on Card: _____

Signature: _____

Check, made payable to:
American Spinal Injury Association
c/o Shepherd Center
2020 Peachtree Road, NW
Atlanta GA 30309

or, Fax to:
Scott Chesney, Director of Fundraising and Development
at 404-355-1826
For more information, call 973-857-5000

Please use the reverse side for additional comments.