



## General Donation Form

Your Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Enclosed is my gift of \$ \_\_\_\_\_

If applicable:

This gift is made in honor of \_\_\_\_\_

This gift is made in memory of \_\_\_\_\_

To have a notification sent, please complete the following:

Addressee Name (title Mr., Mrs., etc.) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From: \_\_\_\_\_

(Your name as you like it to appear)

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 ASIA office at 404-355-1826

For more information, call 404-355-9772

Please use the reverse side for additional comments.