



Please accept my gift of:  \$5,000     \$1,000     \$500     \$250  
 \$100     \$50     Other \$\_\_\_\_\_

My check is enclosed. (Please make check payable to:  
**Neurosciences Research Foundation, Inc.**)

Please charge my:  Visa     Mastercard     American Express

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

This gift is from: Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street \_\_\_\_\_ Office Phone \_\_\_\_\_  
City \_\_\_\_\_ E-mail \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

This gift is:  in memory of:                       a tribute to:

Name \_\_\_\_\_

Please send notice of this gift (*without mentioning the amount*) to:

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

My employer matches gifts

Employer \_\_\_\_\_

I have included The Neurosciences Institute in my estate plan.

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**Please mail to:** The Neurosciences Institute  
10640 John Jay Hopkins Drive  
San Diego, California 92121

**Or fax to:** (858) 626-2013