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## ALS Research Donation Form

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Name

First

Last

Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Email

**Daytime Phone**

**Evening Phone**

If you would like this gift to be made in the name of someone special, please provide the following information:

**This gift is...**

**In Memory Of**

**In Honor Of**

**Honoree's Name**

**I would like to have a card sent to the following person informing him/her of this donation:**

**Name**

**First**

**Last**

**Address**

**Street Address**

**Address Line 2**

**City**

**State / Province / Region**

**ZIP / Postal Code**

**Country**

**From**

(your name as you would like it  
to appear on the card)

- Share gift amount in the card**
- Do not share gift amount in the card**

Please make your check payable to '**University of Miami  
ALS**' and indicate '**Dr. Benatar Research**' in the memo.

Complete and include this form with your check and mail to:

Dr. Michael Benatar's ALS Research  
Attn: Susan Fox Rosellini  
University of Miami, Department of Neurology  
1120 NW 14 Street, Suite 1300  
Miami, FL 33136