

**To: Narcolepsy Network, Inc.**  
**Re: Donation**

*Please print*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
STATE ZIP \_\_\_\_\_

I wish to make a donation to support the work of Narcolepsy Network, Inc. (*Please check as applicable.*) \_\_\_\_\_ Enclosed is a check\* in the amount of \$\_\_\_\_\_

\_\_\_\_\_ I wish to charge a one-time donation of \$\_\_\_\_\_ to my credit card: Circle one: Visa MasterCard Amex Discover Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

3 or 4 Digit Security Code \_\_\_\_\_

\_\_\_\_\_ For the primary purposes or programs of Narcolepsy Network: \_\_\_\_\_ In memory of (name) \_\_\_\_\_ In honor of (name) \_\_\_\_\_

Restricted to (state purpose) \_\_\_\_\_

\_\_\_\_\_ Please list the donor as "Anonymous". \_\_\_\_\_ Please

add my name to your general mailing list.

**Checks may be made payable to NARCOLEPSY NETWORK, INC.**  
\*Due to the high cost of currency conversion, we cannot accept checks of less than US\$50 drawn on non-U.S. banks. Please consider charging your donation to take advantage of the more favorable conversion rates. . All gifts are tax deductible to the extent provided by law. Financial statements are available upon request.