



Donate online at www.braintumor.org

Online donations are the most efficient way to give! If you are unable to donate online, please mail or fax this completed form to:

National Brain Tumor Society
124 Watertown Street, Suite 2D
Watertown, MA 02472

Donations made with credit cards can also be faxed to 617.924.9998.

Please print clearly. Questions? Call toll-free, 800.770.8287 or visit www.braintumor.org

DONOR INFORMATION

Name(s): _____
Company (if applicable): _____ Title/Postion: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
(Never sold or exchanged)

DONATION INFORMATION

I/We wish to make a tax-deductible donation of \$ _____
 I/We wish to make a total pledge of \$ _____, payable over _____ years.

Tribute Information (if applicable)

This gift is in honor of: _____
 This gift is in memory of: _____

Please notify the following person(s) of my tribute gift:

Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Relation to honoree: _____

Matching Gift:

Increase your gift! Check with your company's human resource department to inquire about a matching gift program. Send the completed matching gift form to NBTS along with your donation, and we'll take care of the rest!

My matching gift form is enclosed.

PRIVACY POLICY

I have read and understand the PRIVACY POLICY on the reverse side of this form.

Donor Signature

Date

PAYMENT TYPE

Check/money order enclosed, payable to National Brain Tumor Society.
 Charge my credit card \$ _____

Circle one: Visa / Mastercard / American Express / Discover

Card #: _____ Exp. Date: _____ / _____ Billing Zip Code: _____

Please print name as it appears on card

Signature of Cardholder

Please read and sign on the reverse.

PRIVACY POLICY

In order to complete and confirm my donation to the National Brain Tumor Society (NBTS), I hereby affirm, acknowledge and agree to the following:

- 1. Personal information:** We do not collect personally identifiable information from you unless you provide it to us voluntarily and knowingly. If you personalize a website, become a volunteer, order materials, request information, or donate, for example, we may collect the following information: first and last name, street address, city, state, zip code, telephone number, email address, and subject of inquiry. Personal information may be needed for certain optional online activities.
- 2. Registration:** If you choose to create a profile to personalize the website (my.braintumorcommunity.org and/or braintumorcommunity.org) to your needs by becoming a registered web user, we retain the preferences you select so that you will not have to reenter the information each time you access our website. You can access your profile by entering your username and password each time you use the website. When you register and create a profile, we may ask you to provide health information. This information is useful for event administration purposes. Further, if you elect to use our referral service to inform a friend about the site, we will ask you for your friend's name and address. We will use this information only to send your friend a one-time email inviting him or her to visit the site.
- 3. Contributions:** If you choose to donate to our organization, we maintain a record of your contribution. We collect standard credit card information (card number, card type, expiration date) and keep a record of your financial transaction. Credit card numbers are held only until the charge can be processed (usually several minutes) then the number is only available to NBTS Gift Processing for purposes of problem resolution. Credit card numbers obtained through online transactions are handled by a secure server and not available to NBTS or its staff.

Please review our full privacy policy online at [www.braintumor.org /privacy](http://www.braintumor.org/privacy)