



Participant's Name: _____ Phone: _____

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Donor Name	Address (Street, City, State, Zip)	Phone #	Online/ Offline	Method of Payment (cash, check, cc)	Amount (✓ to indicate payment has been received)
ENTER TOTAL PLEDGES HERE → (Attach additional pages if necessary)					

Please mail this form with payment/checks to: VEDA - 5018 NE 15th Ave, Portland, OR 97211. All donations are tax-deductible to the full extent of the law. Checks may be made out to the Vestibular Disorders Association or "VEDA". Credit card payments may be made online at <https://vestibular.org/BAW>, or by calling VEDA at (800) 837-8428.