



Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_ . \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donor Name	Address (Street, City, State, Zip)	Phone #/Email	Method of Payment (check, cc*)	Amount (✓ to indicate payment has been received)
<b>ENTER TOTAL PLEDGES HERE → (Attach additional pages if</b>				

Please mail this form with payment/checks to: VeDA - 5018 NE 15<sup>th</sup> 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/BAWP2P> by searching the participant's NAME, by calling VeDA at (800) 837-8428, or by using a credit card form(\*attached).