



VESTIBULAR

DISORDERS ASSOCIATION

Pledge Form

VEDA's Mission is to inform, support, and advocate for the vestibular community.

CONTACT INFORMATION (PLEASE PRINT)

Name	
Address	
City, ST ZIP	
Phone/Email	

One-Time Pledge/Donation

I wish to make a one-time pledge/donation of \$_____ to be made on _____.

Recurring Pledges (credit card only)

I pledge to contribute \$_____ monthly quarterly yearly

These gifts should begin: immediately, on _____ and end on _____ or until cancelled by me.

PAYMENT INFORMATION

Charge my credit card (see info below). Payment is enclosed (check or cash)
Please invoice me on _____

Credit card type	Visa	Mastercard	American Express
Card # / Expire Date			
Card Security Code			
Billing Address	Same as above		
Authorized signature			
Today's Date			

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements:

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I wish to have my gift remain anonymous.

Thank you for supporting the Vestibular Disorders Association through your generous gifts of time and money. Your declaration of support is the framework upon which we can build a network to promote VEDA's mission. Together we can help people living with vestibular disorders lead happy, productive lives.