



## Printable Donation Form

Just fill this form out online using the fields (place your mouse to the right of the word "Date, then use your tab key to move to the next fields) and print it, or print the form first and fill out by hand. Thank you for donating to the American Tinnitus Association!

Date:

Title:

Name(first and last):

Address:

City:

State:

Zip: -

Country:

Email:

Phone Number:

Donation Amount:

Type of donation:

New Member:

Restricted For Research:

Renewing Member:

Other:

Donation made with: Check

Credit Card

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number: - - -

Expiration Date:

Signature:

Mail this form with check or credit card information to:

American Tinnitus Association

Unit 20

PO Box 4900

Portland, OR 97208-4900