

## DONATION FORM AND MEMBERSHIP REGISTRATION

For information on our professional membership opportunities, please contact us at (800) 923-3608 or email us at [info@tna-support.org](mailto:info@tna-support.org)

### Please Donate to Support FPA Programs

All financial contributions enable the Facial Pain Association to continue serving those with neuropathic facial pain, including trigeminal neuralgia, through support, education and advocacy.

### Recognition Levels

<b>Chairman's Club</b> \$15,000 +
<b>Platinum</b> \$5,000 to \$14,999
<b>Gold</b> \$2,000 to \$4,999
<b>Silver</b> \$500 to \$1,999
<b>Patron</b> \$100 to \$499
<b>Friend</b> \$50 to \$99

# DONATION FORM AND MEMBERSHIP REGISTRATION

Complete and mail form to: 22 SE Fifth Ave., Suite D, Gainesville, FL 32601

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Enclosed is my tax-deductible gift of: \_\_\_\_\_

*(make check payable to the Facial Pain Association)*

## Please charge my credit card



one-time gift

monthly

*(I authorize the Facial Pain Association to charge my account each month)*

Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

I prefer to keep my donation anonymous

## Relationship to Facial Pain:

Patient

Spouse

Friend

Other \_\_\_\_\_

I am 39 or under and would like to be contacted by the Young Patients Committee

This gift is "in honor of" or  "in memory of"

In the name of:

\_\_\_\_\_

Please provide the name and email or mailing address of person to be notified:

\_\_\_\_\_