

ONLINE DONATION FORM

Donation Amount: _____

Purpose: Cancer Research Parkinson's Disease Research
 Science Education Other

Name: _____

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Credit Card Payment Information:

Card Number: _____

Expiration Date: _____ V-Code _____

Honor or Memorial Information:

My gift is (*check one*): In Honor of In Memory of

Name: _____

Please send notification of my gift to:

Name: _____

Address: _____

QUESTIONS?

Please call (616) 234-5120 or email info@vai.org

PLEASE MAIL COMPLETED FORM WITH CREDIT CARD INFORMATION OR CHECK TO:

Van Andel Institute, Attn: Development, 333 Bostwick Ave, Grand Rapids, MI 49503

