

Tarlov Cyst Disease Foundation

Membership and Donation Form

(This form is provided if you prefer to make your donation or membership payment by mail)

First and last name _____

Address _____

E-mail address _____

City _____ State _____

Country _____ Zip _____

Phone # _____

***YES!** I wish to join the Tarlov Cyst Disease Foundation and benefit from timely information in the Foundation's E-Note Updates and other communications.*

_____ Charter annual membership (joined in 2007) \$25
_____ Regular annual membership (joined after 2007) \$35

***YES!** I would like to further assist the Tarlov Cyst Disease Foundation as a donor or as a supporter at a higher level.*

- Donor: Any amount less than \$100
- Sponsor: \$100-\$499
- Patron: \$500-\$999
- Benefactor: \$1000-up

Amount you wish to donate: _____

Please note that each time you use your credit card online to donate or pay your membership fees, the Foundation is charged a 2.9 percent processing fee by PayPal. If you would like to help us avoid this charge and ensure that your full membership dues and/or donation goes to the Tarlov Cyst Disease Foundation, please consider sending your contribution via check to the address below. **Please print this form if paying by check, and mail it to the address below.**

Tammy Zinser-Minocha
5309 Brody Dr., Unit 104
Madison, WI 53705

Membership fee total: _____

Donation amount total: _____

TOTAL: _____