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: __________