

One Step at a Time

Donor Information

First & Last Name

Address

City

State Zip Code

Email address (optional)

FOR OFFICE USE ONLY 2010
Donation solicited by: _____

I would like to take steps to help those with RLS by making a tax-deductible donation to the RLS Foundation. I would like to provide support:

- where it is needed most
 research

Donation Amount (\$1 per mile):

- \$5,000
 \$1,000
 \$500
 \$100
 \$75
 \$30
 \$10
 Other \$ _____

Total donation \$ _____
(_____ miles: \$1 = 1 mile)

I have enclosed my check in the amount of \$ _____, in U.S. dollars and drawn on a U.S. bank, payable to the RLS Foundation.

Please charge my gift of \$ _____ to my credit card:

- Visa Discover MasterCard
 American Express

Name on card _____

Card # _____

Exp. _____

Please send completed form with donation to:

RLS Foundation
1610 14th St NW, Suite 300
Rochester, MN 55901

Fax: (507) 287-6312

Email: rlsfoundation@rls.org

Website: www.rls.org



RESTLESS LEGS
SYNDROME
FOUNDATION

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