



Thank you for your interest and support of the Restless Legs Syndrome (RLS) Foundation. Please complete the information below and mail your tax-deductible gift to the address shown below.

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Email

- My check payable to "RLS Foundation" is enclosed.
- Please charge my gift in the amount of: \$\_\_\_\_\_
  - VISA     MasterCard     American Express     Discover

Card No. \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_ Name on Card \_\_\_\_\_

\*\*\*\*\*

- Please list my name (for gifts over \$100) in the Annual Report as: \_\_\_\_\_
- I am eligible for an ADDITIONAL MATCH from my company     Form Enclosed
- Please send me information about planned giving and estate planning.
- My gift is  in honor of     in memory of \_\_\_\_\_

Please notify \_\_\_\_\_

**Please mail this form with your tax deductible donation to:**

Restless Legs Syndrome Foundation | 3006 Bee Caves Road | Suite D206 | Austin, TX 78746  
or give online at [www.rls.org](http://www.rls.org)