

Donation Form

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To donate by mail, please complete this form and return to:

TESS Research Foundation
PO Box 53
Menlo Park, CA 94026

Donation Amount \$50 \$100 \$250 \$500 \$1000 \$2500 Other: _____
 One-time Donation Contribute Monthly

Donor Information

First Name: _____ Last Name: _____

Mailing Address: _____

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May we thank you publicly? Yes No

Payment Method

Check enclosed (payable to TESS Research Foundation)

Charge my Credit Card: American Express Discover MasterCard Visa

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Gift Type:

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Improving the lives of those affected by SLC13A5 Epilepsy by accelerating research.

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