

- I would like to purchase a journal ad: \$10 \$50 \$100
- O Enclosed is my check made payable to CSF in the amount of \$_____
- I have provided my credit card information on the back or completed online at csfinfo.org/2018DDC
- Sorry, I/we cannot attend the 2018 Dinner Dance for a Cure but please accept my tax-deductible gift of \$_____

PLEASE COMPLETE THE REVERSE

NAME	
ADDRESS	
CITY STATE	ZIP
PHONE	
E-MAIL	
OAMERICAN EXPRESS ODISCOVER OVISA OMASTERCARD	
EXPIRATION SECURITY CODE	-
SIGNATURE	CCT
	Chiari & Syringomyelia Foundation