



## Offline Donation Form Please print clearly

Donor's Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Email address \_\_\_\_\_

**Please make checks payable to Association for Comprehensive NeuroTherapy (ACN)**

Circle the amount (in US dollars):

- \$5    \$15    \$25    \$50    \$100    \$250    \$500    \$1000
- Other amount \$ \_\_\_\_\_

### Credit Card Donation

Name as appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Credit Card Billing address  Same as above

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal code \_\_\_\_\_ Country \_\_\_\_\_

**Please mail this form with donation to:  
ACN - Stop Tics Today, PO Box 159, Grosse Ile, MI 48138-0159**

*Thank you for supporting our efforts to find and share  
better ways to prevent and stop tic disorders!*