



**Texans for Advancement of Medical Research (TAMR)**

PO Box 30054  
Austin, Texas 78755

**The Alliance for Medical Research (TAMR-ED)**

PO Box 160365  
Austin, Texas 78716

## DONATION FORM

*Please fill out this form and mail it to the appropriate address listed above.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**I WOULD LIKE TO DONATE TO:**

- Texans for Advancement of Medical Research (TAMR)** for legislative efforts (not tax-deductible).
- The Alliance for Medical Research (TAMR-Ed)** to support our educational programs (tax-deductible).

**DONATION TYPE:**

**One-Time Donation:**

\$35    \$50    \$100    \$1,000    \$5,000    \$ \_\_\_\_\_

**Recurring Donation:**

Amount:  \$10    \$25    \$50    \$100    \$ \_\_\_\_\_

Period:  monthly    quarterly    annually    every \_\_\_\_ months

Ending:  \_\_\_\_ / \_\_\_\_ (month/year), or

Until I notify TAMR:

**PAYMENT METHOD:**

**Credit Card:** (circle one) Visa   MC   Disc   AMEX

Card #: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

**Automatic Direct Debit** (monthly recurring donations only)  
(Please enclose a voided check for the account to be debited.)

**Bill by mail**

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*Thank you for your support.*