



# SCEPTOR

## PAIN FOUNDATION

### PLEDGE FORM – DONATION

Yes! I wish to support research in treatment for acute and chronic pain management at Sceptor Pain Foundation Inc. with a gift of \_\_\_\_\_ dollars.

Name:

Address:

City:

State:

Zip Code:

Email:

Check is enclosed

*Please mail your check to: Sceptor Pain Foundation, 145 Kimel Park Drive, Suite 330, Winston-Salem, NC 27103.*

Please contact me for credit card payment at telephone: \_\_\_\_\_

Please charge my credit card for the full pledge amount listed above.

*Circle one: VISA AMEX MASTERCARD*

Name on Card:

Address (if different than above)

City:

State:

Zip Code:

Card Number:

Expires:

Code:

Signature for Credit Card Authorization: \_\_\_\_\_

Sceptor Pain Foundation Inc. is a tax-exempt not-for profit corporation. Your donation may be tax deductible. Please consult your tax professional for a determination. Sceptor Pain Foundation Inc.'s EIN is (02-0723571).

Please email me a copy of the IRS Determination Letter and the W9