



The National **Fragile X** Foundation

P.O. Box 190488, San Francisco, California 94119-0488
800-688-8765

I Promise...

Promise Maker™ Commitment Form

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Cuber Name (print) _____

Donation Amount per Year for Five Years*: \$

Method of Payment

Check or Money Order (please make check payable to "The National Fragile X Foundation")

Credit Card: _____ Card No. _____ Exp. Date _____

Visa

MasterCard _____ Cardholder's Name, as it appears on Credit Card _____ Security Code (from back of credit card) _____

Discover

American Express

I hereby give permission to The National Fragile X Foundation to charge my credit card in the amount of \$ _____ each year for the next four years on ____ (M)/ ____ (D) to fulfill my five-year commitment. _____ (initials)

Mail completed form (with check if applicable) within 14 days of commitment to:
The National Fragile X Foundation, P.O. Box 190488, San Francisco, CA 94119-0488

The National Fragile X Foundation is a 501(c)(3) charitable organization, Federal Tax ID #84-0960471

**Donation may be made in one lump sum if desired.*

I, _____, promise to help advance Fragile X research with my committed donation each year for five years. My payment information (and check if applicable) is enclosed for the first year. I am committing to paying this amount each year for the next five years.

The National Fragile X Foundation will send me yearly updates on the status of Fragile X research so that I know how my donation is helping the cause.

Promise Maker Signature Date

Cuber Signature Date

I have made this promise in honor of this child with Fragile X and all individuals facing the challenges of Fragile X Syndrome.

