



Rehabilitation Engineering and Assistive Technology Society of North America

Founders Fund Donation Form

Personal Information

First Name _____ Last Name _____

E-mail _____ Phone _____

Mailing Address

Street Address _____ Suite/Apt _____

City _____ State/Province _____ Postal Code _____

Country _____

Donation Information

Donation Amount: \$50 \$100 \$165 \$250 \$500 Other \$ _____

VISA/Master Card Number _____ Expiration Date _____ Security Code/CVV _____

Name on Card _____

Billing Address (if different from above) _____

If paying by credit card: please email this form to resna@resna.org or fax to: (703) 524-6630.

If paying by check:

Check enclosed and payable to "RESNA Founders Fund."

Mail check with form to:

RESNA
ATTN: Founders Fund
1560 Wilson Blvd, Ste.
850 Arlington, VA 22201

Thank You!

Promoting technology solutions for people with disabilities

