



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) \_\_\_\_\_

One can [go online to make a donation](#) (and may have to login or create a RESNA account)

If paying by credit card: please email this form to [info@resna.org](mailto:info@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*

