



Invest in the well-being of people everywhere

## Donation Form

Please consider a monthly or single gift to the EMDR Research Foundation.  
Your donations will allow the Foundation to promote health and growth of human beings through the support of quality research, evidence-based practice and compassionate, well-informed clinicians.

### Ways to Give:

- **Join the Visionary Alliance** – Recurring donations can be made in any amount and scheduled for your convenience. Monthly donations allow you to make a larger commitment and space out the payment; they also ensure consistent support for EMDR Research Foundation.
  - **I would like to become a member of the Visionary Alliance by donating monthly:**  
     \_\_\_\_\_ \$100 per month    \_\_\_\_\_ \$50 per month    \_\_\_\_\_ \$25 per month  
     \$\_\_\_\_\_ Enter other monthly amount of your choosing. (*\$15 minimum for Visionary Alliance monthly giving*)  
     *Please consider the full fee of one EMDR session per month!*
  - **I am already a member of the Visionary Alliance but want to increase my monthly donation by**  
     \$\_\_\_\_\_ (for a total monthly donation of \$\_\_\_\_\_)
- **Single Donation** – I would like to make a one-time donation of \$\_\_\_\_\_ at this time.

### Please complete this donation form and mail it to:

EMDR Research Foundation, 401 W 15TH STREET, SUITE 695 - AUSTIN, TX 78701

### Contact Information:

Name: \_\_\_\_\_ (  Make my gift anonymous.)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Method:

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card:  Disc  MC  Visa  Amex  
 Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Billing City: \_\_\_\_\_ Billing State/Province: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Country: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature: \_\_\_\_\_

### Optional:

**Directed Donations:** I would like my single donation to be directed to: (*VA monthly donations go to greatest need*)

- \_\_\_\_\_ Greatest need
- \_\_\_\_\_ Carol York Fund for research on children
- \_\_\_\_\_ Marcia Murray Fund for research on suicide prevention and survivor support

**In Memory of or In Honor of** (Circle One if applicable) \_\_\_\_\_

Notify: \_\_\_\_\_ of my donation at (email): \_\_\_\_\_

Your donation to the EMDR Research Foundation demonstrates vision, commitment and caring. Thank you for your contribution. The EMDR Research Foundation is a 501© (3) public charity. Contributions to the Foundation are tax deductible to the extent allowed by law.