

Donation Form

National Eating Disorders Association 165 W. 46th Street, Suite 402, New York, NY 10036

165 W. 46th Street, Suite 402, New York, NY 10036 Phone: 212-575-6200 – Fax: 212-575-1650 www.NationalEatingDisorders.org

Name:		Title:		
Company:				
Street Address:				
City:		State:	Zip:	
Phone: Email:				
Reason for Gift (Check as many as needed)		Membership		
☐ Personal Contribution		Public Membership		
□ Corporate Contribution		□\$25 Student □\$35 Supporter □\$50 Associate		
☐ Gift is in honor of		□\$75 Activist □\$100 Friend/Family □\$250 Ambassador		
		□\$500 Patron □\$1,000 Benefactor		
☐ Gift is in memory of	, , - , - ,			
,		Professional Membership*		
		□ \$100 Individual		
Name:		□ \$200 Business/Organization		
Address:		□ \$500 Premiere Member		
		*Professional Members treat eating disorders and agree to be listed		
		in our treatment referral listings. More info: www.MyNEDA.org		
Event Ticket / Contribution				
Amount: \$ Event Name:				
□ Not Attending □ Attending - # of tickets: Seat me with:				
□ OTHER:				
Amount: \$				
☐ American Express #: ☐ `	Visa #:		☐ MasterCard #:	
Ex	piration Date:		Security Code:	
Amount: \$				
Name on card:				
Billing Address (If Different From Above):				

NEDA is a 501(c)3 nonprofit organization dedicated to supporting individuals and families affected by eating disorders and acting as a catalyst for prevention, cures and access to quality care.

Our federal tax ID# 13-3444882. Your gift is tax-deductible to the full extent of the law.