



Support the Neurodiagnostic Profession

Name _____

Address _____

City, State, Zip _____ Phone _____

Email _____

How my name should appear in Foundation publications: _____

- In honor of _____
- In memory of _____
- I wish to remain anonymous

Send notification of my contribution in honor/memory of to:

Name _____

Address _____

City/State/Zip _____

Please accept my donation to the following:

- \$_____ ASET Scholarship Fund
- \$_____ ABRET Exam Scholarship Fund
- \$_____ Neurodiagnostic Curriculum Development Fund
- \$_____ Kathleen Mears Education Award/Memorial Lecture Fund
- \$_____ John Archibald Student Scholarship Fund
- \$_____ John Knott Educational Lecture Program Fund
- \$_____ Foundation General Fund
- \$_____ Tuition Grant Program

- Enclosed is my check for \$_____ (Please make your tax-deductible gift payable to the **ASET Foundation.**)
- Charge my total gift of \$_____
 - American Express Discover MasterCard Visa

Name on Card _____

Account No _____ - _____ - _____ - _____

Expiration Date _____ / _____ Security Code _____ Zip Code _____
Month Year

Cardholder Signature _____

- I am pledging \$_____ total which will be paid on _____.
I have elected to pay my pledge in _____ monthly _____ quarterly installments
- I would like to join the Brain Trust by pledging \$2,500 minimum (payable over 5 years).
Enclosed is/please charge my first payment of \$_____ toward my Brain Trust pledge.

Thank you for your support!

The ASET Foundation does not sell or trade the names of its donors.

312 SW Greenwich Drive, Suite 669, Lees Summit, MO 64082

Federal ID # 77-0644963 ● fmcnall2@twc.com email ● 816.944.3228 fax ● www.asetfoundation.org

Updated 9/08/22