



**THE MISSION OF THE BEYOND BATTEN DISEASE FOUNDATION
IS TO ERADICATE BATTEN DISEASE**

Donate By Mail

Name: _____

Address: _____

Phone: _____

Email: _____

Please accept my donation of: \$100 _____ \$250 _____ \$500 _____ \$1000 _____ Other\$ _____

Checks should be made payable to the "Beyond Batten Disease Foundation."

Given in honor of _____

Please print your name as you would like it acknowledged in our reports:

Please indicate how you would like your gift to be designated:

_____ No Preference - Use for BBDF's greatest needs

_____ Use to support research to find a cure for Batten Disease

_____ Use for development of carrier screening test

_____ Use for Will Herndon Fund for Juvenile Batten Disease Research

Please send form to:

Beyond Batten Disease Foundation

P.O. Box 200998

Austin, TX 78720

Questions? Please call: 512-275-2600 or 1-877-6BATTEN