

# The FAIR

Fair Allocations In Research

## FOUNDATION

Yes, I want to support your effort for more fair and equitable research distributions!

**Donor Information:**

Mr.  Mrs.  Mr. & Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**My gift is a tribute:**

In memory of: \_\_\_\_\_  In honor of: \_\_\_\_\_

**Please send notice of my gift to:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I would like to make a gift of: \$1000 \_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100 \_\_\_ \$75 \_\_\_ \$50 \_\_\_ Other \$ \_\_\_\_\_

**My check is enclosed** (Please make payable to: The FAIR Foundation and mail to 78629 Bougainvillea Drive, Palm Desert, CA 92211)

**Please charge my gift to:**  Visa  MasterCard

Credit card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

3 Digit authorization number on right side of the back of card: \_\_\_\_\_

Signature: \_\_\_\_\_

**For more information please contact:**

**Dr. Richard Darling, DDS**

**Ph: 760-200-2766**

[fair@dc.rr.com](mailto:fair@dc.rr.com)