



**EMORY**  
UNIVERSITY  
SCHOOL OF  
MEDICINE

**Department of Human Genetics  
Fragile X Syndrome Clinic  
www.genetics.emory.edu  
404-778-8484**

*Your philanthropic gift will contribute to growth of the clinic, fund family meetings, and create better models of care for individuals and families with Fragile X Syndrome.  
Thank you for making a difference.*

**Contributions Form for the Emory Fragile X Syndrome Clinic**

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

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

Phone number: \_\_\_\_\_

Here is my contribution for the Emory Fragile X Syndrome:

- |                                |                                      |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$25  | <input type="checkbox"/> \$250       |
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$500       |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> Other _____ |

Payment Options:

\_\_\_\_\_ Enclosed is my check made payable to:  
Emory University for Human Genetics  
Please write in the memo space: for Emory Fragile X Syndrome Clinic

\_\_\_\_\_ Please charge my credit card account: (fill out information below)

- Visa     MasterCard     American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

*Please note that all donations are tax-deductible.*

**Please mail your completed form to:**

Meagan Smith, MS, CGC  
Department of Human Genetics  
Emory University School of Medicine  
2165 North Decatur Road  
Decatur, GA 30033

**Thank You!**