



# CNS Food for Health Foundation

## DONATION FORM

Please accept my one-time gift of:  \$50  \$100  \$250  \$500  Other: \_\_\_\_\_

**Donation:** (Please select one)



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Signature \_\_\_\_\_

**Declaration:**  I authorize the CNS Food for Health Foundation to publish my name on its website as a contributor to the Foundation.

We appreciate your donation and are grateful for your decision to support nutrition research and practice.

**CNS Food for Health Foundation**

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