



Synergos

I would like to support Synergos in the amount of \$_____.

PAYMENT INFORMATION

- I am sending a check payable to The Synergos Institute to the address below.
- I am paying by credit card and will mail or fax my information to the address below.
- Please send me a courtesy invoice.
- I will pay by wire or credit card or another mechanism; please contact me.

CONTRIBUTIONS ARE TAX-DEDUCTIBLE TO THE FULL EXTENT
ALLOWED UNDER US LAW

Signature (required)

Date

Name

Organization

Position/Title

Address

City

State

Postal/Zip Code

Country

Telephone

E-mail

CREDIT CARD INFORMATION (IF APPLICABLE)

Synergos accepts MasterCard, Visa and American Express

Name on Card

Card Number

Expiration Date

The Synergos Institute
51 Madison Avenue, 21st Fl
New York, NY 10010
USA

Tel +1 (212) 447-8111
Fax +1 (212) 447-8119
www.synergos.org
synergos@synergos.org