

Please **PRINT** and **COMPLETE**, then **MAIL** along with your check to the **ADDRESS BELOW**. Thank you very much from the Sister Study.

**Date:** \_\_\_\_\_

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

**Address1:** \_\_\_\_\_

**Address2:** \_\_\_\_\_

**City ST Zip:** \_\_\_\_\_

Kyle M Walsh, PhD  
Director NIEHS  
National Institutes of Health  
PO Box 12233  
Research Triangle Park NC 27709

Dear Dr. Walsh:

Please accept this donation       on behalf of       in honor of       in memory of

\_\_\_\_\_  
*(organization/individual)*

in the amount of \$ \_\_\_\_\_

*(amount)*

as a conditional gift for the **Sister Study** under the direction of **Dr. Dale Sandler**.

In the event that any unobligated excess funds remain in the account after completion of the study, we acknowledge that any unexpended balances can be deposited in the NIEHS unconditional gift fund and made available to support other NIEHS activities.

Sincerely,

\_\_\_\_\_  
*(your signature)*

cc: Budget Officer, NIEHS  
AO, DIR, NIEHS