



## Donation Form

Enclosed is my contribution in the amount of: \$ \_\_\_\_\_

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL \_\_\_\_\_

E-MAIL \_\_\_\_\_

\_\_\_\_ *Please do not add me to your mailing list.* \_\_\_\_ *Please do not add me to your email list*

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This is a gift in Loving Memory Of: \_\_\_\_\_

This is a gift in Honor of: \_\_\_\_\_

Please send an acknowledgement card of my donation to (Honoree or Family of deceased):

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*The Parkinson Alliance is a 501 (c)(3) non-profit organization. Contributions are tax-deductible.*

Please make checks payable to: The Parkinson Alliance

Mail donation to: The Parkinson Alliance, P.O. Box 308, Kingston, NJ 08528

Toll free: 1-800-579-8440 Fax: 609-688-0875 E-mail: [info@parkinsonalliance.org](mailto:info@parkinsonalliance.org)