

PARKINSONALLIANCE

Donation Form

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

YOUR NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____

E-MAIL _____

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 _____

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

We accept the following methods of payment:

Visa Discover MasterCard American Express Personal Check

If paying by credit card, please complete the information below:

Credit Card Number:* _____

Card Verification Code:* _____ Card Expiration Date:* _____

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 Web site: www.parkinsonalliance.org

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