



The Parkinson's Foundation makes life better for people with Parkinson's disease by improving care and advancing research toward a cure.

PLEASE SEND FORM AND YOUR DONATION TO:

Parkinson's Foundation
Attn: Donor Services
200 SE 1st Street, Suite 800
Miami, FL 33131

I have enclosed a gift of \$ _____ (In U.S. dollars)

Parkinson's Foundation chapter location to credit: _____

First Name _____ Last Name _____

Address _____ Apt/Suite No. _____

City _____ State/Province _____ Zip _____

Email _____ Phone _____

Payment Options:

Enclosed is a check made payable to **Parkinson's Foundation**

Please charge my credit card: Visa MasterCard American Express Discover

Card #

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 Exp date

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Authorized signature _____ Date _____

Be a Parkinson's Hero and support our work each month. Automatically charge the amount above every month (*credit cards only*).

This donation is: (optional)

In memory of In honor of Name _____

Please send an acknowledgment card for this donation to:

Name _____

Address _____

City _____ State _____ Zip _____

Gift matching:

Many companies match charitable donations made by employees, employees' spouses, and retirees. Visit Parkinson.org/MatchingGifts to find out if your company is eligible or ask your Human Resources department. Submit completed forms to MatchingGifts@Parkinson.org.

I am interested in matching this gift through my employer.

Company Name _____

Thank you for donating to the Parkinson's Foundation a qualified 501(c)(3) tax-exempt organization. Your donation is tax-deductible to the fullest extent allowed by law. If you have any questions, please call 1-800-4PD-INFO (473-4636).