



DONATION FORM

Your contribution will directly impact ongoing research into the cause and a cure for Parkinson's, ease the life of the Parkinson's patient and their caregiver and support the work of the Council. You may also make a donation in memory or recognition of someone using this form. A tax receipt will be mailed to you. Many thanks!

Donor

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

In Memory / Recognition of (please circle one): _____
(If this is a direct donation, you may leave this section blank)

A memory / recognition note should be mailed to:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Form of Payment

____ Check Enclosed \$ _____ Amount of Check

____ Visa ____ Mastercard \$ _____ Amount to be charged

Credit Card Number _____ Expiration Date _____

Name on Card _____

**Please mail to: The Parkinson Council, Inc.
111 Presidential Boulevard, Suite 250
Bala Cynwyd, PA 19004-1023
phone: 610.668.4292
or fax to: 610.668.4275**

The official registration and financial information of The Parkinson Council, registration number 28185, may be obtained from the Pennsylvania Department of State by calling toll-free (within Pennsylvania) 1-800-732-0999. Registration does not imply endorsement.