

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 - Rocky Mountain Chapter
Attn: Donor Services
5757 Waterford District Drive, Suite 310
Miami, FL 33126

I have enclosed a gift of \$	(In U.S. dollars)
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 #	Exp date CVC
Authorized signature	Date
$\Box$ 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 N	Name
Please send an acknowledgment card for this donation to:	
Name	
Address	
City	StateZip
<b>Gift matching:</b> 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 <a href="MatchingGifts@Parkinson.org">MatchingGifts@Parkinson.org</a> .	
$\Box$ 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).