



**PARKINSON**  
**FOUNDATION**

Western  
Pennsylvania

Donation Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This gift is in honor/memory (circle one) of: \_\_\_\_\_

Who would you like us to notify you made this contribution:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Who should we say this gift is from: \_\_\_\_\_

Any special message you'd like included: \_\_\_\_\_

\_\_\_\_\_

**Please mail this completed form, along with your check, to:**

Parkinson Foundation Western Pennsylvania

PO Box 6760

Pittsburgh, PA 15212