

PHA DONATION FORM



YES! I would like to **MAKE A GIFT** in support of:

- PHA's programs and services
- PHA's research agenda

In the amount of:

- \$1,000 \$500 \$250
- \$100 \$50 \$25
- Other: \$ _____

I would like to **Join PHA's Sustainers Circle** and make a **recurring monthly gift** of \$_____ via
 credit card (details provided below)
 checking account (my voided check is enclosed)

TRIBUTE INFORMATION

My donation is in memory of _____ (Deceased: __ / __ / __)

in honor of _____

Please notify _____ of my gift.

Address: _____

Special instructions about your donation: _____

ABOUT ME

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I AM A: patient caregiver parent of minor child with PH other _____

medical professional (please list title and affiliation): _____

METHOD OF PAYMENT

Enclosed is my check payable to PHA

Please charge my gift to my: Visa MasterCard AmEx Discover

Account Number: _____ Expiration Date: _____

OTHER WAYS TO SUPPORT PHA

Please see if my donation is eligible for a **MATCHING GIFT** from my (or my spouse's) employer. Company name: _____

PHA will contact you if your donation is eligible.

I would like information about **LEGACY PLANNING**.

Mail or fax completed form

PHA, 801 Roeder Road, Suite 1000, Silver Spring, MD 20910 | **Fax:** 301-565-3994

Questions? Call 301-565-3004 x756 or email Giving@PHAssociation.org.

WEB