



# PHA DONATION FORM

**YES!** I would like to **MAKE A GIFT** 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 \_\_\_\_\_  
 in honor of \_\_\_\_\_

Please notify \_\_\_\_\_ of my gift.  
Address: \_\_\_\_\_  
\_\_\_\_\_

## 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:  Visa     MasterCard     AmEx     Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## OTHER WAYS TO SUPPORT PHA

- Yes, my employer matches gifts. (Attach appropriate paperwork for completion).  
 I would like information about joining the **LEGACY OF HOPE SOCIETY**. The Legacy of Hope Society honors those donors who have included PHA in their estate 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 or email [Giving@PHAssociation.org](mailto:Giving@PHAssociation.org).