Parkinson's Foundation
California

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 - California Chapter
Attn: Donor Services
200 SE 1st Street, Suite 800
Miami, FL 33131

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 _____

☐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 Name _____

Please send an acknowledgment card for this donation to:

Name _____

Address _____

City _____ State _____ Zip _____

Gift matching:
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 MatchingGifts@Parkinson.org.

☐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).