

Donor Information:	
Name:	
Address:	
City:	State: Zip:
Phone #:	Email:
This gift is in	
Memory of:	Honor of:
Kindly Acknowledge:	
Address:	
City/State/Zip:	
Enclosed is my check in the amount of \$	
Credit Card Type:	
Amex	Discover Visa MasterCard
Credit Card #	Security Code
Expiration Date:	Amount: \$

Please mail back to:

APDA MA Chapter

15 S Main Street

PO Box 272

Sharon, MA 02067

Or email to: jvanderstad@apdaparkinson.org

Double your gift through a corporate matching gift program. Ask your company's human resources office to find out if your company has one. Did you know you can leave a legacy of caring by including APDA in your estate plans? For further information, please contact Jessica Van Der Stad at jvanderstad@apdaparkinson.org.