

Strength in optimism. Hope in progress.

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 Discov	er Visa	MasterCard
Credit Card #	Security Code	
Expiration Date:	Amount: \$	

## Please mail back to:

APDA Connecticut Chapter PO Box 248 Shelton, Connecticut 06484 860-248-9200

Or email to: apdact@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?