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Phone #:			Email:		
This gift is in					
Memory of:			Honor of:		
Kindly Acknowledge	):	•			
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City/State/Zip:					
Enclosed is my check in the amount of \$					
Credit Card Type:					
Amex	Discover	Visa	1	MasterCard	
Credit Card #		s	Security Cod	de	
Expiration Date:			Amount: S		

## Please mail back to:

APDA Florida Chapter PO BOX 7990 Port Saint Lucie, FL 34985-7990 954-952-0429

Or you can email to: apdaflorida@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?