

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 Wisconsin Chapter
 PO Box 14381
 Madison, WI 53708
 608-345-7938

Or email to: apdawi@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?