

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	1	MasterCard		
Credit Card #		S	Security Cod	le		
Expiration Date:			Amount: \$			

Please mail back to: APDA, PO Box 61420, Staten Island, NY 10306

Or you can email to: jcolasuonno@apdaparkinson.org



