



PHA DONATION FORM

YES! I would like to **MAKE A GIFT**
in the amount of:

- \$1,000 \$500 \$250
 \$100 \$50 \$25
 Other: \$ _____

I would like to **Join PHA's Sustainers Circle** and
make a **recurring monthly gift** of \$ _____ via
 credit card (details provided below)
 checking account (my voided check is enclosed)

TRIBUTE INFORMATION

My donation is in memory of _____
 in honor of _____

Please notify _____ of my gift.
Address: _____

ABOUT ME

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I AM A: patient caregiver parent of minor child with PH other _____
 medical professional (please list title and affiliation): _____

METHOD OF PAYMENT

- Enclosed is my check payable to PHA
 Please charge my gift to: Visa MasterCard AmEx Discover

Account Number: _____ Expiration Date: _____

OTHER WAYS TO SUPPORT PHA

- Yes, my employer matches gifts. (Attach appropriate paperwork for completion).
 I would like information about joining the **LEGACY OF HOPE SOCIETY**. The Legacy of Hope Society honors those donors who have included PHA in their estate planning.

Mail or fax completed form

PHA, 8401 Colesville Road, Suite 200, Silver Spring, MD 20910 | **Fax:** 301-565-3994
Questions? Call 301-565-3004 or email Giving@PHAssociation.org.