



Supporting the Parkinson Association of the Carolinas

The mission of the Parkinson Association of the Carolinas (PAC) is *“to serve as a resource for individuals and their families affected by Parkinson’s disease in the Carolinas, through education, community outreach and direct support”*.

Financial contributions and other gifts help PAC to provide important programs and services to people with Parkinson’s disease, their families and caregivers. PAC is a 501(c) (3) charitable organization and is funded solely by the generous support of individuals, corporations and foundations.

We hope that you will consider making a donation to support the important work of the organization.

Donation Information

Annual Giving

- I would like to donate \$_____ to support the Parkinson Association of the Carolinas.
- I would like PAC to contact me about making a recurring donation.

Honoraria or Memorial

- I would like to make a contribution of \$ _____ in honor or memory of a special person. *Please complete the “Make a Tribute” section on the back of this form.*

Your contact information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____

Checks can be made payable and mailed to:

Parkinson Association of the Carolinas
2101 Sardis Road North, Box 15
Charlotte, NC 28227

How would you like to receive future information about Parkinson’s disease as well as programs and services offered by PAC? E-mail Regular Mail Please do not send me future mailings

Please check here if you would like your donation to remain anonymous. Your name will not appear on any public donor acknowledgement materials prepared by PAC.

Make a Tribute

PAC gladly accepts donations made to honor a family member or friend affected by Parkinson's disease. We also accept donations made in memory of the passing of someone affected by Parkinson's disease. An acknowledgement of your gift will be sent to the person or family of whom you designate below.

This gift is

In memory of: _____ **In honor of:** _____

Who should receive acknowledgement of this gift?

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____

Phone: _____

A receipt and formal recognition of your donation will be mailed to you for tax-deduction purposes.