



**Parkinson's Institute
and Clinical Center**

Thank you for your interest in supporting The Parkinson's Institute and Clinical Center. Your contribution is much appreciated, and is tax-deductible to the full extent of the law.

Please print out this donation form, fill it out completely and mail it to:

**Parkinson's Institute and Clinical Center
675 Almanor Avenue
Sunnyvale, CA 94085**

DONATION INFORMATION

Gift Amount: \$50 \$100 \$250 \$500 \$1,000 Other _____

Mr. / Ms. / Mrs. / Dr. Donor Name

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- Check (payable to The Parkinson's Institute)
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Signature

TRIBUTE GIFT INFORMATION

When a gift is received in honor or memory of someone, The Parkinson's Institute will send a personalized acknowledgment card to the person or family indicated notifying them of your thoughtful contribution, but not revealing the amount of the donation.

This gift is in honor / memory (circle one) of: _____

Please send an acknowledgment card on my behalf to:

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The PI Board of Directors, Dr. Barlow, Dr. Langston and our entire staff thank you!