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
2500 Hospital Drive, Building 10 Suite 1
Mountain View, CA 94040

DONATION INFORMATION

Gift Amount: ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ Other_____

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

Address

City State/Province Zip Country

Telephone Email

PAYMENT INFORMATION

☐ Check (payable to The Parkinson's Institute)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number Expiration Date

Name On Card

Billing Address

City State/Province Zip Country

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:

Mr. / Ms. / Mrs. / Dr. Full Name

Address

City State/Province Zip Country

The PI Board of Directors and our entire staff thank you!