



Thank you for your interest in supporting the Michael J. Fox Foundation for Parkinson's Research. Your gift is very much appreciated as a charitable donation and is tax-deductible to the full extent of the law.

Please print out this form, fill it out and send it to the Foundation at the address listed below.

**DONATION INFORMATION:**

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

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PAYMENT INFORMATION:**

Method of payment:  Check (payable to The Michael J. Fox Foundation)

Please charge my:  Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

**TRIBUTE GIFT INFORMATION:**

When you make a gift of \$25 or more in honor or memory of a loved one, the Foundation will be pleased to send an acknowledgment card to a person you designate. (Please allow two to three weeks for delivery.)

This gift is made in honor/memory (circle one) of: \_\_\_\_\_

Please send an acknowledgment card on my behalf to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Please send this form with your check (if applicable) to:**  
The Michael J. Fox Foundation for Parkinson's Research  
Church Street Station  
P.O. Box 780  
New York, NY 10008-0780  
800-708-7644 (phone) 212-509-2390 (fax)

