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THIS HOLIDAY SEASON.

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Yes I/we will donate: \$25 \$50 \$100 \$250 \$500 \$1000 other \$ _____

Enclosed is my check payable to Propionic Acidemia Foundation.

My company will match this gift; company matching form enclosed.

This gift is in honor of/ in memory of : _____

Please send an acknowledgement to: Name _____

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City _____ State _____ Zip _____

PROPIONIC ACIDEMIA FOUNDATION
1963 McCraren Road, Highland Park, IL 60035
www.pafoundation.com 1-877-720-2192



Your gift is tax deductible as allowed by law.

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