Please consider a donation to the Propionic Acidemia Foundation this holiday season

	Foundation this holiday season
Name	
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City	StateZip
Yes, I/v	ve will donate: "\$25 "\$50 "\$100 "\$250 "\$500 "\$1000 " other \$
Enclose	ed is my check payable to Propionic Acidemia Foundation.
	ompany will match this gift; company matching form enclosed.
	ft is in honor of/ in memory of :
Please s	send an acknowledgement to: Name
	S
City	StateZip
	PROPIONIC ACIDEMIA FOUNDATION
	PO Box 151
	Deerfield, IL 60015-4421
	www.pafoundation.com 1-877-720-2192
	Your gift is tax deductible as allowed by law.
P	lease consider a donation to the Propionic Acidemia
	Foundation this holiday season
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