

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

Name _____
Address _____
City _____ State _____ Zip _____

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

PO Box 151

Deerfield, IL 60015-4421

www.pafoundation.com 1-877-720-2192

Your gift is tax deductible as allowed by law.



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