

## Please consider a donation to the Propionic Acidemia Foundation in lieu of flowers



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: \_\_\_\_\_

Please send an acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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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