

Please print this form and send by mail or fax after filling in the required information.

Your Special Contribution Means So Much!

Your generous support helps **Grand Traverse Area Parkinson's Support Groups** fulfill its mission to raise funds to support Research, Education, Parkinsonian/Family/ and Caregiver Support.

Yes, I will help make a difference for those with Parkinson's.

Please complete the following information:

_____ **Enclosed** is my tax-deductible contribution in the amount of \$ _____

____ Check ____ Visa/MasterCard _____ Expiration Date _____

Name _____

Address _____

City/State/Zip _____

Telephone/Email _____ / _____

Please make your check payable to:

**Grand Traverse Area Parkinson's Support Group (GTAP)
10049 East Grandview Court
Traverse City, MI 49684-5307**

____ Please check here if your contribution is in memory of, or in honor of a person, event, or special occasion. Fill out below:

In memory/honor of/Occasion: _____

Please Notify: _____

(Name, Address, City, State, Zip)

____ I would like to become involved in Grand Traverse Area Parkinson's Support Group

FOR FURTHER INFORMATION, PLEASE CALL - WRITE, OR E-MAIL.

Phone/Fax: 231.947.1946

E-mail: mmeach@sbcglobal.net