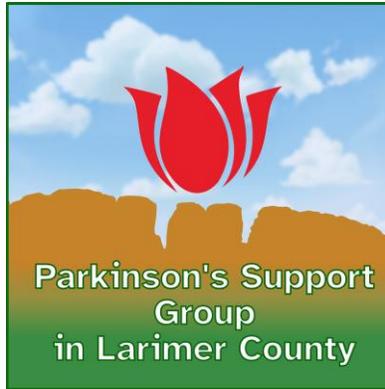


# PSGLC Donor Form



## Donor information:

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(home) (mobile)

Email: \_\_\_\_\_

## Donation amount:

Please make checks payable to: *Parkinson's Support Group in Larimer County* (or PSGLC)

Mail to: Joyce Lathrop  
1037 Hinsdale Dr.  
Fort Collins, CO 80526

## In Memoriam information:

Please accept this donation In Memoriam of: \_\_\_\_\_

We wish to have our gift remain anonymous:      *yes*      *no*

Signature(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your gracious support!*