



You can count on my support!

I want to help build PHA by **joining -or- renewing my membership.** I understand that my dues are a tax-deductible contribution and that I will receive PHA's newsletters *Pathlight* and *Persistent Voices*. I would like to support PHA at the following level:

- \$15 (Individual)
- \$35 (Family)
- \$60 (Supporter)
- \$100 (Leadership)
- \$1,000 (Committee of 10)
- Unable to contribute dues at this time**
(PHA understands how expensive this illness can be. Just let us know and we'll keep you on the membership list.)

I would like to make an **additional donation** of \$_____ to support the activities of PHA.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

- patient caregiver parent of minor child with PH other _____
- medical (title and affiliation): _____

Payment:

- My contribution is enclosed. (check payable to "PHA")
- Please charge my gift to my: Visa MasterCard AmEx Discover
- Account Number: _____ Expiration Date: _____
- Name: _____ Signature _____
As it appears on the account

Matching gift:

- Please see if my donation is eligible for a matching gift from my (or my spouse's) employer. The company name: _____
PHA will contact you if your donation is eligible

Please return to:

PHA • 850 Sligo Avenue Suite 800 • Silver Spring, MD 20910

Or by fax to 301-565-3994