



# 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. (Please make 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 • 801 Roeder Rd., Suite 400 • Silver Spring, MD 20910**

Or by fax to 301-565-3994

WEB