

**YOU MAY PRINT THIS FORM, FILL IT OUT, ENCLOSE YOUR CHECK, AND MAIL IT IN.**

**Yes, I want to support PASB!**

Enclosed is my tax deductible gift of:

\$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 \_\_\_\_\_ Other \_\_\_\_\_

This gift is: in memory of \_\_\_\_\_ in honor of \_\_\_\_\_

Please send acknowledgment to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make check payable to:  
Parkinson Association of Santa Barbara or PASB  
P.O. Box 6254  
Santa Barbara, CA 93160-6254

**THANKS FOR SUPPORTING PASB!**  
Any questions? Please call (805) 683-1326

Donor's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contributions are used to help ensure our continuing programs  
of patient support and public education.  
PASB is a non-profit 501 (C) (3) organization.  
Contributions are tax deductible as allowed by law.