

Donation Form

Thank you for your support of Pennsylvania Coalition for Patients Inc.!

DONATION AMOUNT

\$ _____

There is no limit on the amount you can contribute to Pennsylvania Coalition for Patients Inc.

DONOR INFORMATION

Consistent with existing laws, we do not publicly disclose any information about the identities of our donors.

Please provide the following information for our internal records:

Name:	Email:	
Mailing Address:		
Home Phone:	Work: Cell:	
Employer:	Occupation:	
DONATION INFORMATION		
To donate by wire (preferred method), plea here and send your wire to:		
Bank: First National Bank Acct.: 98546749 Routing: 043318092 Beneficiary: Pennsylvania Coalition for Pat	Pennsylvania Coalition for Patients Inc. 717 Market Street	
To donate by credit card, please check here		
Name on Card:	Signature:	
Card Type: Mastercard Visa	American Express Discover	
Card Number:		
Expiration Date:	CVC:Billing Zip:	
Please complete this form, scan o	or snap a copy of it, and return it by email to felker@pacfp.com.	

DISCLOSURES

Donations to Pennsylvania Coalition for Patients Inc. are not deductible as charitable contributions for federal income tax purposes. Pennsylvania Coalition for Patients Inc. is a 501(c)(4) social welfare organization. We do not accept donations that are earmarked for use in connection with any particular program, project or expenditure. All funds donated to Pennsylvania Coalition for Patients Inc. are subject to use in the discretion of our Board of Directors and officers. We do not accept contributions from foreign nationals.