



Please accept my gift to Prazamana® Foundation

Your gift today will help individuals obtain holistic eating disorder support and treatment.

___ Check enclosed

Donation Amount

I would like to donate \$ _____

Gift Information

- o Please use my gift:

- ___ Where Most Needed
- ___ Patient Assistance Fund
- ___ Equipment and Supplies

Personal Information

Prefix:

___ Mr. ___ Mrs. ___ Ms. ___ Miss ___

First Name: _____

Last Name: _____

Middle Initial: _____

Address: _____

City State Zip Code: _____

Home Telephone: _____

Office Telephone: _____

Email: _____

Gift Options

Please check all that apply:

- ___ This gift is:
in honor of _____
in memory of _____

- ___ Send an acknowledgment letter to:
Name: _____
Address: _____
City State Zip: _____

___ My employer has a matching gift program

Employer Name: _____

Address: _____

City State Zip: _____

Employer Phone: _____

Additional Information

___ I/We would like more information about planned gifts.

Please contact me/us.

___ I/We have included Prazamana Foundation in my/our trust/will.

Please include my name on your website as:

Comments

How did you hear about Prazamana?
