



## Donation Request Form

I would like to make a donation to the ACPMP Research Foundation **in memory of / in honor of:**  
*[please circle choice]*

Name: \_\_\_\_\_

***Please send a special acknowledgment of this donation to:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Message:

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Enclosed is my donation. Thank you!

***Donor Information (optional):***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Did you know that many employers offer matching donations?** Check our matching donations tool to see if your employer will match your donation. [acpmp.org/matching-donations](http://acpmp.org/matching-donations)

**Please mail to:** ACPMP Research Foundation  
2021 L Street NW, Suite 101-244  
Washington, DC 20036-4909

The ACPMP Research Foundation is an IRS-registered 501(c)3 charitable organization, and all gifts to the Foundation are 100% tax-deductible. 100% of all donations go directly to support physician and patient education and research into a cure for PMP, appendix cancer, and related conditions. No goods or services have been provided in exchange for this donation.