

PLEASE CONSIDER A DONATION TO PROPIONIC ACIDEMIA FOUNDATION
IN LIEU OF FLOWERS



NAME _____
ADDRESS _____
CITY _____ STATE ____ ZIP ____
YES I/WE WILL DONATE: \$ ____

THIS GIFT IS IN MEMORY OF: _____

PLEASE SEND AN ACKNOWLEDGEMENT TO:

NAME _____
ADDRESS _____
CITY _____ STATE ____ ZIP ____

PROPIONIC ACIDEMIA FOUNDATION
1963 MCCRAREN ROAD, HIGHLAND PARK, IL 60035
WWW.PAFOUNDATION.COM 1-877-720-2192



Your gift is tax deductible as allowed by law.

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