



DONATION FORM

YES! I would like to make a donation!

Please complete this form and enclose it with your payment*, payable to the **ProjectSpark Foundation**

Mail to:

The ProjectSpark Foundation
1800 Wilson Blvd., Suite 438
Arlington, VA 22201

Name: _____

Address: _____

Phone: _____

Email: _____

*The ProjectSpark Foundation is a registered 501(c)(3) Organization (Tax ID 27-1618835).

Help us to communicate more effectively with you:

How would you like to communicate? (*check all that apply*):

- Email
- LinkedIn
- Facebook
- Twitter

Are you interested in information on (*check all that apply*):

- PD programs, research, or related events
- The ProjectSpark Foundation
- Volunteer opportunities
- Clinical trials
- Other: _____

THANK YOU!