

Pituitary Disorder Education and Support Form

Your contribution will help the PDES continue to assist those in need.

Name _____ Date _____
Address _____ Phone _____
City/State/Zip _____ Email _____

Membership levels:

_____ \$5.00-\$25.00 Active Member _____ \$50.00 Patron _____ \$100.00 Sponsor
_____ \$ 500.00 Life Time Member _____ \$ 1,000.00 Founders Circle
Professional Web site Sponsorship _____ \$ 500.00 - \$5,000.00
Corporate Web site Sponsorship _____ \$5,000.00 - \$10,000.00

Type of pituitary tumor _____ Treatment _____

Medications/Hormone replacement _____

If we may have your permission to print your name, in honor of your membership, in the Pituitary News and Website. Please check here _____

If you wish to make a private contribution check here _____

If you wish to make a donation in honor or in memory of a loved one , friend , or relative please indicate here.

This gift is made in memory of _____ in honor of _____

Please give your Name and address _____

Please indicate if you would like future newsletters sent by postal mail _____ or email _____

Volunteers are needed. If you would like to volunteer please contact Teresa Sullivan.
Call 419 318-4044 or email: pdests@yahoo.com

All donations are tax deductible. Please send check payable to the: P.D.E.S.
Mail to: PDES / Teresa Sullivan
P.O. Box 12660 Toledo, OH 43606