



Credit Card & Matching Gift Pledge From

The Platelet Disorder Support Association (PDSA) is a 501 (c) 3 organization and all contributions are tax deductible to the extent of the law.

Participant/Walker _____

Donor Information (please print)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Pledge Information

I (we) pledge a total of \$ _____

For matching donations, please complete the following:

Gift will be matched by _____ (company/family/foundation)
 Address/Phone _____
 ___ Form enclosed ___ Form will be forwarded to PDSA.

Signature	
Date	



133 Rollins Avenue, # 5,
 Rockville, MD 20852
 Toll free--(877)528-3538, Fax:(301) 770-6638
 Email: PDSA@PSDA.ORG