



DONATION FORM

The voices of the women we serve tell us everything we need to know about which aspects of pelvic organ prolapse need to be targeted; awareness, screening, treatment, and guidance campaigns are all of pivotal. Donors like you have a significant role to play as we galvanize global recognition of the impact of POP to women's lives. Thank you for your generosity!

Mail to:

APOPS
8225 State Rd. 83
Mukwonago, WI 53149

Donation amount \$ _____ Recurring donation amount \$ _____ Frequency _____

Checks should be made payable to APOPS. Credit card and Paypal donations can be made on our website directly through our Paypal account, a secure credit card host that is secure and protects the financial information of our generous donors. Access Paypal donations at http://pelvicorganprolapsesupport.org/support_apops/private_donation

Contact Information:

Name _____
Address _____

City _____ State _____ Zip _____
Country (If outside of US) _____
Phone _____ Email _____

Donations can be made in memory of a loved one. For Memorial Gifts, please add the following info.

In Memory of _____

Send gift acknowledgement to:

Name _____
Address _____

City _____ State _____ Zip _____
Country (If outside of US) _____

Comments _____

