



STIGMA*STRIDE DONATION PLEDGE FORM

Please use this form if you would like to mail in a pledge or sponsor a walker anonymously. Please fill out all the blank spaces and make sure that the participant you are sponsoring is listed correctly to be sure that the money is applied to their fundraising goal. More details are available on our STIGMA*STRIDE web pages at:

<http://www.pelvicorganprolapsesupport.org/stigmastride-2016/>

Your generous STIGMASTRIDE 2016 donations support APOPS awareness campaigns and programs.

My Pledge is Sponsoring (participant or team name): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PAYMENT INFORMATION:

PAYPAL Donations can be made at <http://www.pelvicorganprolapsesupport.org/make-a-donation/>

Enclosed is cash \$ _____

Enclosed is my check for \$ _____, check number _____

Please make check(s) payable to: **Association for Pelvic Organ Prolapse Support**

Please charge my donation to:

Check one: Visa Mastercard AMEX Discover

Credit Card Account Number: _____

Name (As it appears on credit card): _____

Expiration Date: ____/____ Three digit Security code ____

Please Note: The address above must match the address that is associated with your credit card.

Please mail your donation and this form to:

APOPS

Attention: STIGMA*STRIDE 2016

8225 State Rd 83

Mukwonago, WI 53149

Association for Pelvic Organ Prolapse Support is an IRS designated tax-deductible 501(c)(3) charitable organization; please check with your financial advisor regarding your specific reporting needs.

Association for Pelvic Organ Prolapse Support
8225 State Rd 83
Mukwonago, WI 53149
262-642-4338
<http://www.pelvicorganprolapsesupport.org>