



Arizona Osteoporosis Coalition . . .

I want to make a difference!

Program Support Designation

- _____ Statewide Programs Wherever Needed!
- _____ Adult Education Programs In _____ County
- _____ “FITBONES” Media & Community Activities & Materials
- _____ Health Care Provider Training
- _____ Osteoporosis Screening Programs
- _____ Research on Osteoporosis in Arizona

Level of Support

<input type="checkbox"/> Corporate	_____ \$5000.00	_____ \$1000	\$ _____
<input type="checkbox"/> Individual	_____ \$40.00	_____ \$75.00	
	_____ \$100.00	_____ \$500.00	\$ _____

Given by

Individual or Company _____

Contact Person _____

Title _____

Address _____

City/Town _____ State _____ Zip code _____

Phone/ext. _____ Fax _____

Email _____

In Memory or Honor of: _____

Mail to:

Arizona Osteoporosis Coalition, PO Box 6776, Chandler, AZ 85246

Please complete and save the bottom portion for your records

Arizona Osteoporosis Coalition Gift Amount _____

Tax ID# 86-0989264 Date _____

*The Arizona Osteoporosis Coalition thanks you for your donation!
“Working together to promote healthy bones for life.”*