



ARIZONA CHAPTER OF
APPNA
 ASSOCIATION OF PHYSICIANS
 OF PAKISTANI DESCENT OF NORTH AMERICA



**ARIZONA CHAPTER
 EXECUTIVE COUNCIL
 2015**

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**APPNA-AZ
 Donor Pledge Form**

Yes, I want to support **APPNA-AZ Free Clinic**, tonight. Please accept my Tax-Deductible **Donation** for the following amount:

\$ _____

OR

I would like to make a monthly Pledge to APPNA-AZ Free clinic in the following amount:

\$25 \$50 \$75 \$100

Beginning _____.

AND/OR

I would also like to volunteer [#] _____ Saturdays each year, starting _____.

Signature: _____ Date: _____

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Telephone: _____

Email: _____

Thank you for your pledge. Please make your tax deductible donation payable to APPNA-AZ

Send your contribution to:

**12820 N17th Pl,
 Phoenix, AZ 85022**