

International Paruresis Association ~ Donor Form

Our mission is to cure Paruresis (shy bladder) and improve the lives of all people affected.

Mail this form with your check or money order (international money order if outside the USA) to:

IPA, Inc.
P.O. Box 21237
Catonsville, MD 21228

DONOR INFORMATION ~ PLEASE PRINT

NAME:	
ADDRESS:	
PHONE NUMBER:	This is your: Cell Home Work
EMAIL ADDRESS:	
CHECK ONE:	<input type="checkbox"/> 1 st Time Donor <input type="checkbox"/> Membership Renewal

Can we contact you via the following? (Circle all that apply) Email Letter Phone

WAYS OF GIVING (check one)

- | | |
|--|--|
| <input type="checkbox"/> Anonymously-Amount of Donation \$ _____ | <input type="checkbox"/> \$25.00 Student/Low Income Membership |
| <input type="checkbox"/> \$50.00 IPA Membership | <input type="checkbox"/> \$100.00 IPA Plus Membership |
| <input type="checkbox"/> \$250.00 IPA One Star Membership | <input type="checkbox"/> \$500.00 IPA Two Star Membership |
| <input type="checkbox"/> \$1,000.00 IPA Three Star Membership | <input type="checkbox"/> \$2,500.00 IPA Bronze Membership |
| <input type="checkbox"/> \$5,000.00 IPA Silver Membership | <input type="checkbox"/> \$10,000.00 IPA Gold Membership |
| <input type="checkbox"/> \$25,000.00 IPA Platinum Membership | <input type="checkbox"/> \$50,000.00 IPA Titanium Membership |
| <input type="checkbox"/> \$75,000.00 IPA Palladium Membership | <input type="checkbox"/> \$100,000.00 IPA Rhodium Membership |

Is this donation being made in memory or honor of someone? If yes, please fill in the information below.

In honor or memory of:

Send an acknowledgement to:

Name: _____ Address: _____

Thank You for Your Donation!

The International Paruresis Association is a non-profit organization under the terms of the US Internal Revenue Code section 501(c)(3). As such an organization, contributions to IPA are tax-deductible.