

Arizona Osteoporosis Coalition

Donor Response Form

Program support Designation:

- _____ GENERAL OPERATING FUNDS AND STAFF* (Lodestar Foundation challenge grant match)
- _____ ADULT EDUCATION PROGRAMS IN _____ COUNTY
- _____ "FITBONES" MEDIA/PUBLIC RELATIONS EVENTS, ACTIVITIES & MATERIALS
- _____ HEALTH CARE PROVIDER TRAINING
- _____ OSTEOPOROSIS SCREENING PROGRAMS
- _____ DATA COLLECTION OF THE PRAVELENCE AND COST OF OSTEOPOROSIS TO AZ
- _____ STATEWIDE PROGRAMMING AS NEEDED

Level of Contribution:

- Corporate _____ \$5000.00
- _____ \$ _____
- Individual _____ \$40.00
- _____ \$75.00
- _____ \$100.00
- _____ \$500.00
- _____ \$ _____

Given by:

Company _____

Contact Person _____

Title _____

Department _____

Address _____

Phone/ext. _____

Fax _____

Email _____

Please complete and save the bottom portion for your records

Arizona Osteoporosis Coalition
Tax ID# 86-0989264

Gift Amount _____
Date _____

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