



PARKER

COLLEGE OF CHIROPRACTIC

Annual Fund

First Name: _____ Last Name: _____

This is my: _____ home address _____ clinic/work address

Street: _____

City: _____ State: _____ Zip: _____

Phone: Office _____ Home _____ Cell _____

E-mail: _____ Website: _____

YES! Parker College can count on my tax-deductible contribution. Please enroll me in the following gift level.

My Pledge:

Legacy Partner (\$25,000 and over) _____

Selecting this option provides you building/department naming rights. Dr. Fabrizio Mancini will gladly consult with you regarding the amount you wish to donate.

President's Circle (\$24,999 - \$5,000) _____ \$20,000 _____ \$15,000 _____ \$10,000 _____ \$5,000 \$ _____ Other

Pioneer Partner (\$4,999 - \$2,500) _____ \$4,000 _____ \$3,500 _____ \$3,000 _____ \$2,500 \$ _____ Other

Friend of Parker (\$2,499 and under) _____ \$2,000 _____ \$1,500 _____ \$1,000 _____ \$500 \$ _____ Other

My Payment Schedule: _____ Annually _____ Semi Annually _____ Monthly

_____ **I would like to make installments that continue over a one year period (legacy partner only)**

I will pay by: _____ MasterCard _____ Visa _____ Discover _____ American Express

Check Enclosed (payable to Parker College of Chiropractic) **Check #:** _____

Credit Card #: _____ **Expiration Date:** _____

Signature: _____

Mail To:
Parker College of Chiropractic
Attention: Dr. Fabrizio Mancini
2500 Walnut Hill Lane
Dallas, TX 75229

Fax To:
 214.352.6603

Parker College of Chiropractic is a 501 (C) (3) non-profit corporation.

THANK YOU FOR YOUR GIFT!

