

DONATION FORM

Name: _____

Name of Event: _____

Date: _____

Address: _____

Where would you like donations to be used?

- General
- Take Control of Your Pain (patient-education days)
- INvisible Project
- Advocacy
- Veterans
- Pediatrics
- Research
- Learn About Your Pain
- Pain Medicine 411

Please mail checks/donations to:



U.S. Pain Foundation
c/o Fundraising
670 Newfield Street
Suite B
Middletown, CT 06457