



HOPE
THOUGH CARING
AND EDUCATION

Yes! I want to help those suffering from peripheral neuropathy.
Enclosed is my gift for:

\$250 \$100 \$75 \$50 Other: \$_____

Please make checks payable to NCCNA and mail to the address below

Name: _____

Address: _____

Would you like to join the NCCNA? Yes No Already a member

Yes, you may acknowledge me in a list of donors (amount will not be listed)

The Northern California Chapter of the Neuropathy Association
P.O. Box 6985, Auburn, CA 95604 • (530) 389-2416 • info@pnhelp.org • www.pnhelp.org