

John Paul II Medical Research Institute Annual Support

\$500 \$400 \$300 \$250 \$100 \$75 \$50 \$25 \$__

Please provide phone and email address for the following:

- ☐ I would like to make a monthly contribution.
- ☐ I would like to sign up on the Patient Registry.
- ☐ I would like to sign up on the Physician Registry.
- ☐ I am a first-time donor: __ Yes __ No
- ☐ I would prefer to receive the newsletters by email.
- ☐ I / We have moved since the last newsletter. Our new address is _____.

Phone: _____ **Email:** _____

<<first>> <<last>>

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Please make checks out to: JP2MRI

- ☐ Check
- ☐ Cash
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Date: _____

Send to:
JP2MRI
2500 Crosspark Rd.
Suite E-108
Coralville, IA 52241