



American Chronic Pain Association

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CONTRIBUTION **FORM**

I want to help the ACPA. Enclosed is my tax-deductible donation as indicated:

- \$25
- \$50
- \$100
- \$150
- \$200
- \$250
- \$300
- \$400
- \$500
- \$1000
- Other: \$ _____

Method of Payment: Check Visa Master Card

Credit Card # _____

Exp. Date: __/__/__ **Signature:** _____

If you don't want acknowledgment of your donation, please check here:

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