

# International Paruresis Association

## Donation Form

Please complete this form, print it out, and enclose it with your payment.

Checks and money orders are payable to:

IPA, Inc.  
 P.O. Box 65111  
 Baltimore, MD 21209  
 info@paruresis.org  
 1-800-247-3864

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone	Type: HOME__ WORK__ CELL __
E-Mail Address	
Is it OK for the IPA to contact you by	(check one) <input type="checkbox"/> e-mail <input type="checkbox"/> letter <input type="checkbox"/> phone <input type="checkbox"/> none

### Ways of Giving

price

**Anonymously** Enclosed is a contribution in the amount of \$ \_\_\_\_\_

**Low income/student** **\$25.00**

**New IPA Basic One Year** **\$50.00**

- You will receive mailings, information packets, newsletters, Legislative Alerts, Executive Updates, and help provide administrative support
- Discounts on tapes, videos, and books ordered directly from the IPA; discount on workshops
- IPA Magnet

**Renewal of IPA Basic One** **\$50.00**

- You will receive all the benefits of Basic One
- Knowledge that you are continuing to help us find answers and ensuring the information is available to all
- Our sincere appreciation for your continued support

**Basic IPA Plus** **\$100.00**

- You will receive all the benefits of Basic One **PLUS** 2 News Articles

- |                          |  |                     |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | <b>One Star IPA</b>  | <b>\$250.00</b>     |
|                          | <ul style="list-style-type: none"><li>• You receive the above <b>PLUS</b> a CD</li></ul>   |                     |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>Two Star IPA</b>  | <b>\$500.00</b>     |
|                          | <ul style="list-style-type: none"><li>• You receive the above <b>PLUS</b> a DVD</li></ul>  |                     |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>Three Star IPA</b>  | <b>\$1,000.00</b>   |
|                          | <ul style="list-style-type: none"><li>• You receive the above <b>PLUS</b> an IPA port-a-potty stress ball and 1 FREE IPA Workshop (\$650.00 value)</li></ul> |                     |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Bronze Club</b>   | <b>\$2,500.00</b>   |
|                          | <ul style="list-style-type: none"><li>• You receive the above <b>PLUS</b> a silver business card case</li></ul>  |                     |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Silver Club</b>   | <b>\$5,000.00</b>   |
|                          | <ul style="list-style-type: none"><li>• You receive the above <b>PLUS</b> a Private Session with Dr. Soifer</li></ul>  |                     |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Gold Club</b>   | <b>\$10,000.00</b>  |
|                          | <ul style="list-style-type: none"><li>• You receive the above <b>PLUS</b> Private Sessions with Dr. Soifer</li></ul>   |                     |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Platinum Club</b> Call Dr. Soifer for details.  | <b>\$25,000.00</b>  |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Diamond Club</b> Call Dr. Soifer for details.   | <b>\$50,000.00</b>  |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Palladium Club</b> Call Dr. Soifer for details.   | <b>\$75,000.00</b>  |
| <hr/>                    |  |                     |
| <input type="checkbox"/> | <b>IPA Rhodium Club</b> Call Dr. Soifer for details.   | <b>\$100,000.00</b> |

**Other**    Amount \$ \_\_\_\_\_ For (please specify) \_\_\_\_\_

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**Donation is being made in memory or in honor of someone special.**

In Memory of     In Honor of: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

**Please send an acknowledgement card to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

**PLEDGE FOR FUTURE YEARS!** In addition to the above, I pledge to support the IPA at a minimal level of \$ \_\_\_\_\_ per year for the next  1 year  2 years  3 years after my one year contribution above expires.

**PAY WITH CREDIT CARD:** [Click here to pay by PayPal](#)

## Volunteer to help the IPA

The IPA operates with a small team of staff and dedicated volunteers. We are very much in need of people who are available to donate their skills (administrative, computer, fundraising, marketing, educational, other) to this important cause. **CAN YOU HELP?**

- Yes, I would like to volunteer. My special talents are: \_\_\_\_\_
- By the Internet    In the Baltimore office    Other \_\_\_\_\_
- Not right now, but ask me again in the future.
- No, I cannot.

The International Paruresis Association is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the IPA are tax-deductible to the extent provided by law.

***Thank you for your contribution. You will receive an acknowledgement for your gift shortly.***