



Please mail this form and your check to:

Steadman Philippon Research Institute
181 West Meadow Drive, Suite 1000
Vail, CO 81657

Date: _____ (*Please PRINT all information clearly*)

Enclosed is my check in the amount of \$ _____ payable to the Steadman Philippon Research Institute

My name: _____

Address: _____

City/State/ZIP: _____

Home phone: (____) ____ - _____ Email: _____
(*Receipt will be sent to the address above.*)

I'd like my Gift to be in memory of: _____

I'd like my Gift to be in honor of: _____

Send acknowledgement card to:

Name: _____

Address: _____

—

City/State/ZIP: _____

How would you like the card to be signed? _____
(*name or names*)

How would you like the card to be signed? _____
(*name or names*)

We thank you for your support.

Today, strengthened by the support you have provided, the Institute's work extends far beyond our own facilities. Following our philosophy of preserving the body's own joints and tissues, the Institute will use your gift to investigate and direct the body's healing ability toward creating healthier and more active lives around the world.

Keeping People Active through Research and Education