



**Ohio Pain Initiative**

*...Education is key  
to effective management  
of pain...*

## ***Make a Donation***

Name of Donor: \_\_\_\_\_

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

Amount of Donation: \$ \_\_\_\_\_

If this donation is in honor or memory of an individual, please complete the following:

This donation is (circle one)      In Honor      In Memory of:

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

Do you desire the individual or family to be notified of this donation? \_\_\_ Yes    \_\_\_ No

If yes, please identify to whom this acknowledgement will be sent:

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

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

*Your tax-deductible donation enables us to provide important pain management information and also allows us to accomplish our mission of optimal pain management for all Ohioans.*

*Ohio Pain Initiative is a 501(c)3 tax exempt organization.*