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Donation Form:

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___\$25 ___\$50 ___\$100 ___\$250 ___\$500 ___\$1,000

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Please enclose this portion of the form with your tax deductible donation and mail it to:

**Prevent Medical Error - PME
P.O. Box 247
Portland, Maine
04112**

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

___\$25 ___\$50 ___\$100 ___\$250 ___\$500 ___\$1,000

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