

National Association for Pseudoxanthoma Elasticum

8760 Manchester Rd., St. Louis, MO 63144-2724

Donations and Membership

No membership fee is required, though donations are appreciated and needed to pay operational expenses, including telephone, fax, email, website and newsletter services.

Donations can be made in Honor or Memory of a loved one, for the Research Fund and/or for the Low-Vision Fund. All donations are tax deductible in the USA.

Operations Honor Memory Low-Vision Fund Research Fund

Name of Loved One: _____

Address for Acknowledgement: _____

PLEASE COMPLETE THE SECTION BELOW IF YOU HAVE PXE, THINK YOU HAVE PXE,
OR ARE FILLING THIS OUT FOR SOMEONE ELSE

Name: _____ Phone: _____

Email: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Male Female Birthdate: _____ Age: _____

I am diagnosed with PXE Yes No Occupation: _____

Are you legally blind? Yes No Request Newsletter: Printed CD

Do others in your family have PXE? Yes No If so, who? (Mother, Father, Sibling, etc. & Name) _____

Please list any medical problem(s) you are experiencing: e.g., eye involvement, skin lesions, heart problems, gastric bleeding, etc., and comments/questions (use another page if required):

Are you willing to be contacted by another who wishes to talk with someone else who has PXE? Yes No