

**Lyme Disease Association of Southeastern Pennsylvania, Inc.**

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# Membership & Donation Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Township \_\_\_\_\_

Telephone numbers \_\_\_\_\_

e-mail \_\_\_\_\_

Check if you want to receive occasional emails from LDASEPA, e.g. meeting notices.

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**Tax-deductible Donation** (not required for membership) \$ \_\_\_\_\_  
(make checks payable to LDASEPA)

Lyme Disease Association of Southeastern Pennsylvania, Inc.  
(a Pennsylvania 501(c)(3) not-for-profit corporation)

Print and mail with your contribution to:

LDASEPA • P.O. Box 181 Pocopson, PA 19366-0181

Telephone: 610-388-7333

Email: [lymepa@lymepa.org](mailto:lymepa@lymepa.org)

Web site: [www.lymepa.org](http://www.lymepa.org)

