



*Yes, I want to help people with disabilities achieve lifelong independence!*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
Email address \_\_\_\_\_

I have enclosed a check for \$ \_\_\_\_\_  
(Checks made payable to The Cerebral Palsy Research Foundation)

Please charge my credit card \$ \_\_\_\_\_  VISA  MasterCard

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

One-time donation  
 Recurring donation  Monthly  Quarterly  Yearly

I would like to make my gift in memory of / in honor of: (Please circle one)

\_\_\_\_\_

Please send acknowledgement letter to:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I would like to direct my donation to:  The program/service with the greatest need  
 The following program/service:

\_\_\_\_\_

I would like to receive e-mail updates about CPRF programs and services.  
 I would like to receive the CPRF quarterly newsletter.

To use this form, please select the "Print" option under the "File" menu. Once you complete the printed form, please mail it to:

Cerebral Palsy Research Foundation of Kansas  
Development Division  
5111 East 21<sup>st</sup> Street North  
Wichita, Kansas 67208