



*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 \$ \_\_\_\_\_  
Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_  
(all major credit cards accepted)

\_\_\_ One-time donation  
\_\_\_ Recurring donation \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Yearly

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

\_\_\_\_\_

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

\_\_\_\_\_

If you would like CPRF to notify the honoree or his/her family of your contribution, please complete the lines below:

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

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