



# PARKINSON VOICE PROJECT

*Parkinson Voice Project is a 501(c)(3) nonprofit organization.*

## ALL DONATIONS MADE BY DECEMBER 31<sup>ST</sup> WILL BE MATCHED!

- |  |   |
|--|---|
| <b>\$170</b> pays for a speech therapy session and a therapy workbook for one person with Parkinson's. | <b>\$750</b> pays for a year of weekly speech therapy groups for one person with Parkinson's.   |
| <b>\$300</b> pays for a speech therapy group for 20+ people with Parkinson's.                          | <b>\$2,825</b> pays for a year of therapy services for one person with Parkinson's: evaluation, 12 speech therapy sessions, therapy workbook, six-month re-evaluation, and 50 group therapy sessions. |
| <b>\$500</b> pays for a singing group for 30+ people with Parkinson's.                                 |   |

- ☐ I would like to make a one-time contribution of \$ \_\_\_\_\_
- ☐ I would like to make a MONTHLY contribution.  
Please charge \$ \_\_\_\_\_ to my credit card MONTHLY for \_\_\_\_\_ months beginning \_\_\_\_\_, 20\_\_\_\_. Initials \_\_\_\_\_
- ☐ My gift is in honor of \_\_\_\_\_  
Please acknowledge my gift to \_\_\_\_\_

*Name and Address to Whom Acknowledgement Should Be Sent*

- ☐ I am interested in Parkinson Voice Project's Planned Giving Program. Please contact me.

☐ My company may offer a charitable gift matching program. Name of company \_\_\_\_\_

## PAYMENT METHOD

- ☐ Payment by Check # \_\_\_\_\_. Make check payable to Parkinson Voice Project.
- ☐ Payment by Credit Card   ☐ MasterCard   ☐ VISA   ☐ AmEx   ☐ Discover
- Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(on back of card)
- Name on Card \_\_\_\_\_
- Phone \_\_\_\_\_ E-mail \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Signature \_\_\_\_\_

Mail donations to: **Parkinson Voice Project, 646 N. Coit Road, Suite 2250, Richardson, TX 75080**  
**Phone 1 855-707-7325 Fax: 469-375-6510**