



THE MIAMI PROJECT TO CURE PARALYSIS
AN INTERNATIONAL CENTER FOR SPINAL CORD INJURY RESEARCH

Holiday Tribute Donation Form

Name: _____

Company (if applicable): _____

Address: _____

City, State, Zip: _____

Country: _____

Work Phone: _____ Home Phone: _____

Fax: _____ Date of Birth: ____/____/____

Email: _____

This Gift is Made in honor of _____

Please notify the following person of this gift:

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Date card should be mailed: ____/____/____

Method of Payment:

Credit Card - Visa MasterCard Discover American Express

Card #: _____

Expiration Date: ____/____ Name on Card: _____

Signature: _____

Please charge \$_____ to this credit card.

Check - Enclosed is my gift of \$_____ made payable to **The Miami Project to Cure Paralysis**

Please fax this form to the attention of the Director of Annual Giving at (305)243-6017 or mail to:

The Miami Project to Cure Paralysis

P.O. Box 016960 (R-48)

Miami, FL 33101

Comments: _____

For more information or if you have any questions, please contact the Director of Annual Giving at (305)243-7159.

