

Kali's Cure for Paralysis Foundation

Beating the Odds One Step at a Time

Special Occasion Gifts

Give the gift that keeps on giving...

Select a gift that makes a difference in spinal cord research and recovery.

Make a gift in honor of friends and family. By filling out the form below, they will receive a card recognizing your contribution in their name. Corporate donations can also be made.

The following message will be included in the greeting:

(For corporate donations, we have included an insert for you to include with your holiday card)

(Your Special Occasion)

(Your Company)
is honored to make a donation to
Kali's Cure for Paralysis Foundation, Inc.
We are doing this in lieu of a corporate gift and
wanted to thank you for helping us make this
possible!



Kali's Cure was created to benefit those living with spinal cord injuries. This gift will help fund research to find a cure for paralysis and to advance rehabilitation for those currently living with spinal cord injury.



Kali's Cure for Paralysis Foundation Inc. is a 501(c)3 non-profit organization. #262473236.
www.kaliscure.org

(Your Special Occasion)

Dear (Recipient's name here),

A donation, in your name, has been given to Kali's Cure for Paralysis Foundation. Kali's Cure was created to benefit those living with spinal cord injuries. This gift will help fund research to find a cure for paralysis and to advance rehabilitation for those currently living with spinal cord injury.

(Include a personalized message if you desire limit 120 characters)



(Donors Name)



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Kali's Cure for Paralysis Foundation

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Send my Kali's Cure card to:

Name: _____
Address: _____
City, State, Zip: _____
Please select: Merry Christmas Happy Holidays Custom greeting: _____
Personalized message: _____
(Character limit 120) _____

Corporate Sponsorship:

Corporation name: _____
Please select: Merry Christmas Happy Holidays Custom greeting: _____
Address to email your corporate donation template: _____
Contact Name: _____

Please send receipt to:

Name/Corp. : _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____ Corporation Contact: _____

Enclosed is my check payable to: Kali's Cure for Paralysis Foundation, Inc. Check Number: _____ Amount: _____
 Visa or Mastercard: Number: _____ Security Code: _____ Expiration: ___/___ Amount: _____
Name on Card: _____ Billing Address: _____

Please return form to:

Kali's Cure
5475 Blue Heron Dr. **OR** kali@kaliscure.org
Alma, MI 48801

For multiple personal donations, please provide each recipients information.

To ensure that your card arrives in time for Christmas, please mail or email us your forms as soon as possible.