

# Holiday Miracles

## Donor Registration Form

Donor Name(s): \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_



### I would like to be a part of the Miracle!

I/We would like to sponsor/shop for \_\_\_\_\_ child(ren).  
(# of children)

\*Please note that your gifts are the only gifts this child(ren) will receive this holiday.

I cannot shop, but enclosed is my tax-deductible donation in the amount of \$\_\_\_\_\_ to help create Holiday Miracles.  
(Checks payable to Cerebral Palsy Association)



### Please e-mail or mail this completed form to:

E-mail: [julie.suprenant@upstatecp.org](mailto:julie.suprenant@upstatecp.org)

US mail: Upstate Cerebral Palsy, Julie Suprenant - Holiday Miracles  
258 Genesee Street, Mezzanine, Utica, NY 13502



### Questions? Please contact:

Julie Suprenant at 315.927.2305 or [julie.suprenant@upstatecp.org](mailto:julie.suprenant@upstatecp.org)

Thank you for supporting the children of Upstate Cerebral Palsy!

