

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

US mail: Upstate Cerebral Palsy, Julie Suprenant - Holiday Miracles
258 Genesee Street, Mezzanine, Utica, NY 13501



Questions? Please contact:

Julie Suprenant at 315.927.2305 or julie.suprenant@upstatecp.org

