

# Sponsor a child!

OUR MISSION: [HELPING CHILDREN](#)

**YES!** I would like to sponsor a child at Dynamic Stroke Therapy.  
Please accept my donation of:

- |   |  |   |
|---|--|---|
| <input type="radio"/> One Therapy Sponsoringly<br><b>\$100</b> (1 Year)   | <input type="radio"/> One Hope Sponsoringly<br><b>\$200</b> (2 Years)            | <input type="radio"/> Life Changing Sponsoringly<br><b>\$500</b> (4 Years)        |
| <input type="radio"/> Empowering Sponsoringly<br><b>\$1,200</b> (8 Years) | <input type="radio"/> Transformational Sponsoringly<br><b>\$3,000</b> (20 Years) | <input type="radio"/> Opening New Doors Sponsoringly<br><b>\$4,000</b> (40 Years) |
| <input type="radio"/> Other<br>\$ _____                                   | <input type="radio"/> Monthly Giving Payment<br>\$ _____                         |   |

Name \_\_\_\_\_

Business Organization \_\_\_\_\_

Working Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Best Address \_\_\_\_\_

I would like to complete my pledge by:

- One payment today, date \_\_\_\_\_
  - By check: check no. \_\_\_\_\_
  - By credit card: card no. \_\_\_\_\_  
Name on card \_\_\_\_\_  
Expiration \_\_\_\_\_, CVV \_\_\_\_\_
- One payment: Please send an invoice.

The "Opening New Doors" program is a community service project that supports children with special health-care needs by increasing accessibility to pediatric therapy services in underserved/underset.