



# THE BILL WILSON PARKINSON'S RESOURCE PROGRAM & CENTER

In honor of our dear friend and fellow fighter, Bill Wilson, Jax Hope Inc is proud to offer the Bill Wilson Parkinson's Resource Program and Center. This program will provide local support for those living with Parkinson's Disease in the First Coast Region of Florida. Funds raised allow Jax Hope Inc to provide resource packets for all those new to the area or newly diagnosed. These packets help bridge PD connections within the community to identify local exercise programs, support groups, therapies, and community events.

In addition, Jax Hope Inc is raising funds to fulfill Bill Wilson's dream of a Jacksonville Parkinson's Center where those with PD can access support services, educational opportunities, and exercise programs. The goal is to have multiple locations across the First Coast Region which will host support group meetings, exercise and educational classes, serve as a central point for resources, and ultimately be a beacon of hope for the community. Your tax deductible contributions will help Jax Hope Inc continue to help more people live better lives with Parkinson's Disease.

Thank you for your consideration. If you have any questions regarding this program, please feel free to contact Jax Hope Inc at: [support@jaxhopeinc.org](mailto:support@jaxhopeinc.org).

-----  
**YES! I WOULD LIKE TO DONATE TO JAX HOPE INC in support of the Bill Wilson's Parkinson's Resource Program and Center:**

\$25    \$50    \$100    \$250    \$500    \$1,000    \$2,500    \$5,000   OTHER \$ \_\_\_\_\_

My check is enclosed. Please make check payable to JAX HOPE INC.

Please complete entire form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In Honor Of: \_\_\_\_\_

Payment by Credit Card: Please visit: [www.jaxhopeinc.org/billwilsonsresource](http://www.jaxhopeinc.org/billwilsonsresource)  
or Complete and return below:

Visa   Mastercard   AMEX   Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for your donation! Trim this form at the dotted line and mail to:  
JAX HOPE INC, 5000 US Hwy 17 S, Ste 18 #334, Fleming Island, FL, 32003