



## CONNECTION. EDUCATION. ADVOCACY. AWARENESS.

Jax Hope Inc is a 501(c)(3) non-profit organization proud to offer a multi-pronged approach to providing support and resources to people with Parkinson's, their care partners, and their families across the local Southeastern region. We understand what you need because we are you. We are a team of people with Parkinson's, Care Partners, Family Members, Medical Professionals, and Industry Partners who have collaborated to identify and provide exactly what each of you need after a Parkinson's diagnosis. Our vision is a world in which all people with Parkinson's have a better quality of life.

### We Offer Three Programs

Let's Get Physical - Physical and Mental Fitness Program  
The Bill Wilson Parkinson's Resource Program/Center  
Support Group Assistance Program

We appreciate your consideration in joining in this effort with a tax-deductible donation. To keep current on our efforts or to learn more about our organization, please visit our website, [www.jaxhopeinc.org](http://www.jaxhopeinc.org) or our Facebook page. 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.

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

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

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

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

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

Do you want the honoree or family of honoree notified of this donation? YES or NO - please circle choice  
Honoree/Honoree's Family Address to send notification: \_\_\_\_\_

In Support of Program (please choose one of the above programs or state ALL PROGRAMS or Name of the Support Group you'd like to directly support): \_\_\_\_\_

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

Payment by Credit Card: Please visit: [www.jaxhopeinc.org](http://www.jaxhopeinc.org) 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

\*All credit card forms are destroyed after processing. \*\*A donation receipt will be sent to your provided address.