

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

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

## Pay It Forward Commitment Form 4-week Lee Silverman Voice Treatment

*Texas Voice Project for Parkinson Disease* is a nonprofit organization that relies 100% on donations to pay its speech pathologists, support staff, and all other expenses related to running this project. Insurance is not billed for the Lee Silverman Voice Treatment or the 6-month LSVT re-evaluations.

A fellow Parkinson patient donated money so that you could receive your Lee Silverman Voice Treatment. Now we ask you to “Pay It Forward” to help the *next* patient receive the voice treatment too. The 4-week Lee Silverman Voice Treatment costs Texas Voice Project \$1,500 to provide to each patient. This includes the evaluation, the tote bag with supplies, orientation, and sixteen treatment sessions.

Choose the “Pay It Forward” option that best fits your situation:

- I would like to make a \$1,500 (or greater) tax deductible contribution to Texas Voice Project to help a fellow Parkinson patient(s) receive the full 4-week Lee Silverman Voice Treatment. Donation amount: \$ \_\_\_\_\_
- I would like to make a \$1,500 tax deductible contribution to Texas Voice Project in installments. Please charge \$ \_\_\_\_\_ to my credit card each month beginning \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.  
Signature: \_\_\_\_\_
- I plan to make a contribution in the amount of \$ \_\_\_\_\_ through my IRA. I will discuss this with my financial advisor. Note: to make a qualified distribution, you must be 70 ½ or older.
- I am involved with a local foundation or service organization (i.e. Rotary Club, Knights of Columbus) and would like to help Texas Voice Project apply for a grant. Name of foundation/organization: \_\_\_\_\_
- I am not able to donate the entire \$1,500, but would like to Pay It Forward by making a tax deductible donation of \$ \_\_\_\_\_ and sending out \_\_\_\_\_ letters and donation cards to my family and friends.
- I am unable to make a monetary contribution at this time; therefore, I would like to Pay It Forward by distributing 15 letters and donation cards to my family and friends, asking them to make a tax deductible contribution to Texas Voice Project.
- I would like to Pay It Forward by making an in-kind donation of:  
*(Example: One patient paid it forward by donating \$4,000 worth of envelopes and cards that Texas Voice Project uses regularly. He works for a paper company.)*  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

**Payment by Check:**

Make all checks payable to: **TEXAS VOICE PROJECT**, 500 N. Coit Road, Suite 2085, Richardson, TX 75080

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Payment by Credit Card:**

Amount: \$ \_\_\_\_\_

Payment Method:  Check  Mastercard  VISA  American Express  Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

*Texas Voice Project is a 501(c)(3) non-profit organization. All donations are tax deductible.*

**Contact Info: Office (469) 375-6500 • Fax (469) 375-6510 • [www.texasvoiceproject.org](http://www.texasvoiceproject.org)**