



To get a **In Honor of Digital Balloon** displayed on our website simply mail us your donation check & this form to:
Ky and SI Stroke Association 3425 Stony Spring Circle #102 Louisville, KY 40220

Your Contact Information: _____
First Last Name _____
Email Address _____

Phone Number _____
Address: Street. City, State. Zip Code _____

In Honor of:

For Caregivers Answer _____
For Stroke Survivors Answer _____
First Last Name _____

Who are they caring for? _____
Age when Stroke occurred _____
City, State _____

If In Honor of a Caregiver provide who they care for -- Example: Parent/Mother/Sister/Grandfather Etc.....