



My name is Raul Padilla and this is my story:

At 12 months old I nearly drowned in our family pool and suffered severe brain damage. My family and I thank God every day for my second chance at life. However, my second chance at life has not been easy. My parents were told 2 months after my accident that I had 18 months to live due to progressive scoliosis, but my parents refused to believe it and they refused to give up on me.

Since my accident I have undergone many different therapies and treatments including Hyperbaric Oxygen treatments and stem cells, and because of this my condition has greatly improved, the best improvement though is my brain went from severely damaged to moderately damaged, I no longer have scoliosis, my muscle are more relaxed and I am more alert and interactive with my family.

However not all my therapies and treatments are covered by my insurance, and this has put a great financial burden on my family, I would like to raise \$40,000 to \$50,000 a year to continue my treatments and I need your help to reach this goal. Any amount you can pledge or contribute is appreciated and a big helps to me and my family and continues my recovery.

I have enclosed a pledge form if you would like to donation to **Hope Springs for RAUL PADILLA** and remember this donation is completely tax deductible.

Thank you every one for your love and support, especially to God because without Him this wouldn't be possible.

With Love

Raulito Padilla



My Fair Monthly Support

\$5 \$10 \$15 \$20 \$25 Other

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State ____ Zip _____ Telephone Number: Home (____) _____

E-mail address: _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

I would like to make a one-time donation of \$ _____

Option 1: Check

Please make checks payable to "Hope Springs, Inc

Memo line **Raul Padilla**"

Enclosed is a check for \$ _____ as a one-time donation

Enclosed are post-dated checks in the amount of \$ _____ (each) Total of 12 checks

Option 2: Credit Card Visa American Express MasterCard Discover

I would like to make a one-time donation of \$ _____

I authorize Hope Springs to debit my credit card for \$ _____ per month starting _____

Name on card: _____

Account number: _____

Expiration Date: _____

Signature: _____

NOTE: All authorization may be cancelled upon written notice.