



BRAVE BOX REQUEST

Someone I know needs the amazing support of a Brave Box!

SOLD TO:	SHIP TO:
Name: _____	Name: _____
Address: _____	Address: _____
City, State and Zip: _____	City, State and Zip: _____
Phone: () _____	E-mail: _____
E-mail: _____	Type 1 Diabetes Diagnosis Date: _____
	Hospital: _____ City: _____

Brave Boxes are overflowing with tangible tools, guidance, and direction. They also bring a little joy and let families know that they are not alone at this incredibly difficult time. Brave Boxes are designed to empower, help families grow stronger, and prepares them for their forever fight. Contents vary depending upon availability, but can include:

For comfort and support: Maxwell the plush bear sidekick, Charlie the champion dog sidekick, and their story, Care Card from others who understand and care;

Education: Our Signature Approach Book for Parents, *the Uninvited Stranger*, our Signature Approach book for Kids, *'Kids Who Wear Capes,'* and additional helpful books and resources;

Practical and Useful Tools: Calculator, Calorie King Carb Counting Book, Measuring Cups, Medical Alert Bag Tag, Free Blood Glucose Meter, Hygiene Kit;

Critical, must have: Medical Alert Band; and, more.

Retail Value \$200-\$250 APPROXIMATELY

<input type="checkbox"/> NOMINATE YOUR TYPE 1 CHAMPION, SUPERHERO AND WARRIOR With this option, you are nominating someone to receive a Brave Box Free of Charge. They will be added to our Kids With Courage waitlist. When someone Sponsors a Brave Box, we will ship them one. Every person nominated receives a Brave Box no matter what, but we don't know if the wait will be a day, week, month or longer.	\$ No Charge
<input type="checkbox"/> PURCHASE A BRAVE BOX AND WE'LL SHIP TO THEM With this option, it can be sent right away, and you have the opportunity to make your gift extra special by including your own personal message. Price includes shipping cost. Write person message here: _____ _____ _____ <small>(USE REVERSE SIDE IF NEEDED)</small>	\$ 100
<input type="checkbox"/> PURCHASE/SPONSOR A BRAVE BOX TO DONATE TO A NEWLY DIAGNOSED CHILD/FAMILY	\$ 100

TOTAL \$

Payment:

- Enclosed is check for \$ _____ for purchase as indicated above. *Payable to: Kids With Courage*
- Please charge my credit card in the amount of \$ _____ for purchase.
 Visa, MasterCard, Discover, American Express (CIRCLE ONE)
 Credit Card No.: _____ Expiration Date: _____
 Card Holder Name: _____
 Signature: _____
- I will make an online donation thru your website for the amount shown on this request form, and I will email you this information.

QUESTIONS? Phone: 816.547.8376 Email: courage@kidswithcourage.org Tax ID #: 20-5182362 www.KIDSWITHCOURAGE.org

Please complete this form and return it by mail or e-mail to:

KIDS WITH COURAGE FOUNDATION • PO BOX 7034 • LEE'S SUMMIT, MO 64064