



James M. Cox DC DACBR FACO(H)  
 429 E. Dupont Road #98  
 Fort Wayne IN 46825

**Procedure for Donating to the "National University of Health Sciences - Cox Fund" or "Palmer Research — Cox Fund" for the support of Cox® Distraction Manipulation Research**

**Mission of the Cox Funds:**

To foster research efforts of Cox® Decompression Adjustment & Manipulation for spinal pain patients.

**How Is the Cox Fund funded?**

All royalties due to Dr. Cox from the sales of his textbook, *Low Back Pain: Mechanism, Diagnosis, Treatment*, 7th edition are given to the Fund. Donations from doctors, patients, and any other interested parties are directed to the Fund.

**How are the Monies in the Cox Fund Used?**

The funds are used to support researchers' efforts either as seed money for "pilot projects" to prove a new project worthy of funding to a funding agency or as supplemental money to keep current research projects moving forward.

**Gift for Donation of \$100 or more to the NUHS COX® FUND (not to Palmer as the tape is from NUHS):**

A 9 minute videotape showing the movement of facets under Cox® Distraction as well as other findings from the first federal grant which studied the biomechanics of flexion-distraction. Value is \$15. Receipt for Donation will be \$15 less than actual donation for tax recording purposes.

Please make check payable to "NUHS - Cox Fund" or "Palmer Research—Cox Fund" & send to  
 James M. Cox, DC / COX FUND  
 429 E. Dupont Road #98  
 Fort Wayne IN 46825

Shortly after receiving your donation to National, the National University will send you a receipt for your donation (less the \$15 value of the tape) for your tax records and a copy of the videotape.

Thank you for your generosity and support of chiropractic research,

*Jim*

James M. Cox, D.C., D.A.C.B.R.  
 Diplomate, American Board of Chiropractic Radiology

Donator: \_\_\_\_\_ Total Amount of Donation: \$ \_\_\_\_\_

Total for Tax Deduction (-\$15): \$ \_\_\_\_\_

To Whom Should the Tape and Receipt be Sent?

\_\_\_ check \_\_\_ cash

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**office use only:**

donation received on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ person forwarded \_\_\_/\_\_\_/\_\_\_ receipt & tape sent on \_\_\_/\_\_\_/\_\_\_  
 date date date date date