

All I Want for Christmas is a...Cure

To Benefit the Cystic Fibrosis Foundation

DONATION FORM

This is to verify that _____ has donated the item(s) listed below to the Cystic Fibrosis Foundation to be used in conjunction with the Foundation's fundraising activities. The item(s) donated have a retail value determined by the donor.

Item:

Donation Value:

\$ _____

List all conditions & exact dates, if possible:

Please complete the following information, so we may acknowledge your gift in our program. In addition, please enclose promotional material and brochures for display with your donation.

Please list name of donor as: _____

Signature

Date

Print Name

Company/Organization

Address

Phone

City/State/Zip

Email

Delivery: Item(s) enclosed

Will deliver item(s) to the CF Foundation office by 11/1/08

Contact me to organize day and time

The value of this item is tax deductible to the fullest extent of the law.

Thank you for your generosity and support!

Cystic Fibrosis Foundation

Attn: Elizabeth Cravedi

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