



Donation Form

Please make check payable to: **Cystic Fibrosis Foundation**

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

TYPE OF DONATION *(Please indicate by checking the appropriate box.)*

General Donation

Gift in **memory** of: _____
(name of deceased)

Please send an acknowledgment card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you like the card to be signed? _____

Gift in **honor** of: _____
(name of individual)

Please send an acknowledgment card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you like the card to be signed? _____

Please mail this completed form to:
Cystic Fibrosis Foundation - Central PA Chapter
55 South Progress Avenue
Harrisburg, PA 17109
Phone: (800) 671-2262
Web: www.cff.org E-mail: donations@cff.org

Thank you for your donation!