



## DONATION FORM

*Please fill out and mail in with your check payable to the Children's Cardiomyopathy Foundation.*

I/we would like to make a tax-deductible donation of US\$ \_\_\_\_\_ to support the Children's Cardiomyopathy Foundation.

### Donor Information:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Type: ☐ Home ☐ Business

Company (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Donation Designation:

Donation Campaign or Event (if applicable):

☐ Holiday Appeal ☐ Spring Appeal ☐ Poker Event ☐ Golf Event ☐ Family Fundraiser

Specific purpose for donation (event fee, sponsorship, research fund, fundraiser name):

### Tribute Gift:

Tribute Gift Type: ☐ In memory (deceased) ☐ In honor (living)

Gift is in tribute of (full name): \_\_\_\_\_

Notification card to be sent to (full name, mailing address):

### Employer Matching:

Does your employer have a matching gift program?

☐ Yes, enclosed is my company's matching gift form. ☐ No