



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

A Cause for Today... A Cure for Tomorrow

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