



The Cystic Fibrosis Institute™

The Cystic Fibrosis Institute (CFI) is committed to supporting those affected by cystic fibrosis. Your generosity helps CFI make a difference for all people with CF and for families in dealing with the everyday challenges of cystic fibrosis.

DONATION FORM

DONOR INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

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CONTRIBUTION INFORMATION

Check / Money Order payable to The Cystic Fibrosis Institute \$ _____

Please charge my contribution \$ _____ VISA Master Card

Name as it appears on card _____

Credit Card # _____ 3 Digit Security Code _____

Signature _____ Expiration Date _____

MATCHING GIFT

I want to double the impact of my donation. I am enclosing my company's matching gift form.

DESIGNATION

This gift is in **Memory** of:

Name _____

Send gift notification to:

Name _____

Street _____

City _____

State _____ Zip _____

This gift is in **Honor** of:

Name _____

Send gift notification to:

Name _____

Street _____

City _____

State _____ Zip _____

Mail to: The Cystic Fibrosis Institute
2401 Ravine Way, #302
Glenview, IL 60025