



PRIZE 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: _____

Contact Name

Company/Organization

Address

Phone

City/State/Zip

Email

Delivery: Item(s) enclosed

Will deliver item(s) to the CF Foundation office by 03/18/09

Contact me to organize day and time

Please fax this form or mail it with your donation to:

**Elizabeth Cravedi • fax (312) 236-2797 • phone (312) 236-4491 ext. 113
Cystic Fibrosis Foundation • 150 N. Michigan, Suite 400 • Chicago, IL 60601**

Cystic fibrosis is a genetic disease affecting 30,000 children and young adults in this country. This fatal disease primarily attacks the lungs and digestive system, causing acute difficulties in breathing and digestion. The Cystic Fibrosis Foundation receives contributions from the public to support its programs, including research, care, and education.

We appreciate your support!

All donations are tax deductible to

the extent of the law.

