

**CYSTIC FIBROSIS FOUNDATION
of Western Pennsylvania**

CONTRIBUTION

Please Print:

BUSINESS OR INDIVIDUAL CONTRIBUTOR'S NAME:

(As you would like it to appear in print.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

NAME OF CONTACT PERSON/TITLE _____

DESCRIPTION OF ITEM OR OTHER CONTRIBUTION _____

EXPIRATION DATE OR OTHER RESTRICTION OR LIMITATIONS _____

ESTIMATED RETAIL VALUE OF CONTRIBUTION \$ _____

CFF REPRESENTATIVE _____ DATE _____

Check One:

- Contributor gave gift to representative of the Cystic Fibrosis Foundation.
- Contributor will send gift to the Cystic Fibrosis Foundation at the address below.
- Representative of the CF Foundation should pick up on the following date _____.

The mission of the Cystic Fibrosis Foundation is to cure cystic fibrosis and to provide all people with the disease the opportunity to lead full, productive lives by funding research and drug development, promoting individualized treatment, and ensuring access to high-quality, specialized care.

The official registration and financial information of the Cystic Fibrosis Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement.



**CYSTIC FIBROSIS
FOUNDATION**
ADDING TOMORROWS

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