



## PRINT & SEND DONATION FORM

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Please mail your tax-deductible donation with this form to:

**Cystinosis Awareness and Research Effort**

c/o Cystinosis Research Foundation  
18802 Bardeen Avenue  
Irvine, CA 92612 USA

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

**Home Address**

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Contribution Amount (please check one)

[ ] \$300

[ ] \$200

[ ] \$100

[ ] \$50

[ ] Other Amount [            ]

If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the text box below. If you would also like us to send them an acknowledgment, please include their address.

Honoree Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

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**Payment Options**

[ ] I would like to charge my contribution

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Exp (MM/YYYY): \_\_\_\_\_

[ ] I have enclosed a cheque payable to the Cystinosis Research Foundation.

**Thank you for your help.**

*U.S. donees will receive acknowledgment for tax purposes in the mail.  
Canadian donees should use Canadian form to send donations.*