



**Thank you for your support!** Please complete and return this form with your donation at your earliest convenience.

**Donor Information**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I have enclosed a check or money order in the amount of \$\_\_\_\_\_. \*\*

**Participant Information**

I am donating to

A Reader  
Name: \_\_\_\_\_

A Writer  
Name: \_\_\_\_\_

General Donation

Please return this form with your donation to:  
Cystic Fibrosis Foundation  
ATTN: Unleash Your Story  
2990 Cahill Main, Ste 202  
Madison, WI 53711

<http://madison.cff.org/unleashyourstory>

*Thank you for your generosity.*

\*\*In compliance with IRS regulations, receipts will be mailed for donations in the amount of \$250.00 and higher. Note: all donations made at <http://madison.cff.org/unleashyourstory> will receive a receipt via the provide email address.