



CREUTZFELDT-JAKOB DISEASE
FOUNDATION, INC.

Supporting Families Affected by Prion Disease

DATE _____ CONTRIBUTION AMOUNT _____

IN MEMORY OF _____

DONOR NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

METHOD OF PAYMENT

CHECK

VISA/MC/DISCOVER/Amex # _____ BILLING ZIP _____

EXPIRATION DATE _____ SECURITY CODE _____ *(last 3 digits on back of card)*

ACKNOWLEDGE TO _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

You can make a contribution in any one of four ways:

1. By mail with check, money order or Visa/MasterCard/Discover/Amex information
2. By Fax 234-466-7077 with Visa/MasterCard/Discover/Amex information
3. By phone 800-659-1991 with Visa/MasterCard/Discover/Amex information
4. On our website, www.cjdfoundation.org