



CREUTZFELDT-JAKOB DISEASE  
FOUNDATION, INC.

*Supporting Families Affected by Prion Disease*

DATE \_\_\_\_\_

**DEDICATION**

MY DONATION IS IN HONOR OR MEMORY OF \_\_\_\_\_  
(PLEASE CIRCLE ONE) (FIRST AND LAST NAME)

**DONOR INFORMATION** FIELDS MARKED WITH \* ARE REQUIRED.

DONOR NAME(S)\* \_\_\_\_\_

STREET ADDRESS\* \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PAYMENT**

CONTRIBUTION AMOUNT \_\_\_\_\_

CHECK or MONEY ORDER MADE PAYABLE TO: CJD FOUNDATION, INC.

CREDIT CARD  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

SECURITY CODE (CVV) \_\_\_ \_\_\_ \_\_\_ (VISA/MC/DISCOVER – 3 DIGITS ON BACK OF CARD)

AMEX SECURITY CODE (CVV) \_\_\_ \_\_\_ \_\_\_ \_\_\_ (4 DIGITS ON FRONT OF CARD)

SIGNATURE \_\_\_\_\_

**DONATION ACKNOWLEDGEMENT**

COMPLETE THE FOLLOWING IF YOU WOULD LIKE US TO NOTIFY SOMEONE OF YOUR DONATION. YOU (THE DONOR) WILL RECEIVE A TAX RECEIPT.

ACKNOWLEDGE TO \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**PRIVACY**

DONATIONS TO FAMILY FUNDRAISERS, STRIDES FOR CJD, AND ROCK4RV ARE LISTED ON OUR WEBSITE. YOUR NAME AND DONATION IS SHARED WITH THE PAYMENT PROCESSOR, ORGANIZATION, AND RECIPIENT.

DO **NOT** SHOW MY NAME ON THE WESITE  DO **NOT** SHOW MY DONATION ON THE WEBSITE

**HOW TO DONATE**

CHECK, MONEY ORDER, OR CREDIT CARD

Mail to: **CJD Foundation**  
**3634 W. Market St., Suite 110**  
**Akron, Ohio 44333**

CREDIT CARD ONLY

Phone 1-800-659-1991

Online [www.cjdfoundation.org](http://www.cjdfoundation.org)