



GIFT CONTRIBUTION FORM

Your contribution to the CPRIT Foundation, large or small, supports critical work done by CPRIT that will lead to many lives saved and hopefully, the discovery of the cure. Your donation is tax-deductible as provided by law. Federal tax ID # 26-4551120

Select Gift Frequency:

\*Indicates required information

I would like to make a one-time gift of \$ \_\_\_\_\_

I would like to make a recurring gift.

Gift Amount \$ \_\_\_\_\_ # of Payments X \_\_\_\_\_ Payment Frequency (circle one) Monthly / Quarterly / Annually Total Gift Amount \$ \_\_\_\_\_

Donor Information:

Mr. / Dr. / Mrs. / Ms. / Miss (circle one)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Payment Information: Please select this box if enclosing a check as method of payment.

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Type (circle one) VISA / MC / AMEX / DISC CVV Number \_\_\_\_\_ Expiration (mo/yr) \_\_\_\_\_

Billing Information: Select this box if billing information is the same as contact information.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

I would like this gift to be acknowledged and listed as:

Anonymous OR In Honor of / In Memory of : \_\_\_\_\_

If not filled out, your name will appear as above in the Donor Information section.

PLEASE NOTE: An individual, an organization, or an employee, officer or director of an organization that makes a contribution to the foundation, or person who is second-degree consanguinity or affinity to an employee of the Institute is not eligible to receive grants from the Institute.

When complete, please return the form via FAX 512-236-1004 or MAIL (with a check if necessary) to:

CPRIT Foundation | P.O. Box 12631 | Austin, TX | 78711