



from chronic disease fund

### Single Gift Donation Form

**Donor Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Gift Amount**

\$500

\$250

\$100

\$50

\$25

Other \$ \_\_\_\_\_

**Payment Method**

*Please circle one*

CHECK (payable to: Chronic Disease Fund)

-OR-

CREDIT CARD:                      VISA                      MC                      DISCOVER                      AMEX  
Credit Card Information:

Name as appears on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code (located on back of most cards)

Card Holder Signature: \_\_\_\_\_

Please submit this form with donation to:  
Chronic Disease Fund  
6900 Dallas Parkway, Ste. 200  
Plano, TX 75024  
Attention: Ashley Allen  
Email: aallen@cdfund.org