



OFFLINE DONATION FORM

CONTACT INFORMATION		
First Name	Last Name	
Company Name <i>(If applicable)</i>		
Address		
City	State	Zip Code
Telephone	E-Mail Address <i>(optional)</i>	

I am making a tax-deductible gift of \$ _____ (USD)

PAYMENT METHOD	
<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Credit Card
<i>Please make your check payable to the Crohn's & Colitis Foundation.</i>	<i>Please complete the table below and provide information as it appears on card.</i>

FOR CREDIT CARD PAYMENTS ONLY			
First Name and Last Name <i>(as it appears on card)</i>			
Credit Card Number		Expiration Date	CSV Code
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Signature		Date	

ADDITIONAL INFORMATION

PLEASE MAIL THIS FORM AND PAYMENT TO:

Crohn's & Colitis Foundation
 National Headquarters
 ATTN: Financial Operations
 733 Third Avenue, Ste. 510
 New York, NY 10017

The Crohn's & Colitis Foundation is a 501 (c)(3) non-profit, volunteer-driven organization dedicated to finding the cure for Crohn's disease and ulcerative colitis.