



**DONOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

**PAYMENT INFORMATION**

**DONATION AMOUNT**

- \$5,000 – C3 Champion
- \$2,500 – C3 Hero
- \$1,000 – C3 Sponsor
- \$500 – C3 Partner
- \$250 – C3 Friend
- \$100 – C3 Supporter
- \$50 – C3 Donor
- \$\_\_\_\_\_

**DONATION TYPE**

- One-time Donation
- Recurring Donation
  - Frequency:  Monthly  Quarterly  Annually
  - Preferred Method of Reminder Notice:
    - Email  Phone Call  Regular Mail

**MATCHING GIFT**

If your company participates in a matching gift program, please let us know how we may assist you in obtaining a match for your donation.

**Please make your check payable to “Coalition to Cure Calpain 3” and mail it along with this form to: Coalition to Cure Calpain 3, 15 Compo Parkway, Westport, CT 06880**

Coalition to Cure Calpain 3 (EIN #90-0616879) is a 501 (c)(3) tax-exempt public charity. As such, all donations are fully tax-deductible.

**GIFT INFORMATION**

- This donation is in honor of/in memory of:

\_\_\_\_\_

Please provide the individual or family's address so we may acknowledge your gift:

\_\_\_\_\_

\_\_\_\_\_

Do you know someone with LGMD2A/Calpainopathy?

If so, please select the option that best describes your relationship to them:

- Self  Parent  Spouse  Grandparent  Family Member  Friend
- Physical or Occupational Therapist  Doctor or Researcher  Other \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT**