



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
- \$_____

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:

THANK YOU FOR YOUR SUPPORT