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www.cureGSD.org

Yes, I would like to make a tax-deductible gift to help find a cure for Glycogen Storage Disease!

\$25 \$50 \$100 \$250 \$500 Other \$ _____

My check is enclosed. I would like to make a donation using my credit card listed below.

*Please return this form with your check made out to **The Children's Fund for GSD Research** to the address above.

DONOR INFORMATION

Name _____
Address _____
City _____ State _____ Zip/Postal Code _____ Country (if not USA) _____
Phone _____ E-mail Address _____

CREDIT CARD PAYMENT INFORMATION

Name on Card _____
Card Number _____ CCV _____ Expiration Date _____
Signature _____

I would like to make this a recurring gift and I authorize The Children's Fund for Glycogen Storage Disease Research to charge my credit card **each month** in the amount noted above.

HONORARY/MEMORIAL GIFTS (Optional)

I would like to make a gift: in honor of in memory of: Name _____
Message _____

Please send a card to notify:

Name _____
Address _____
City _____ State _____ Zip/Postal Code _____ Country (if not USA) _____
Phone _____ E-mail Address _____

THIS GIFT IS IN SUPPORT OF AN EVENT/FUNDRAISER

Name of event/fundraiser _____

Thank you for your contribution. We are truly grateful for your kindness and support!

The Children's Fund for Glycogen Storage Disease Research, Inc. is a 501(c)(3) public charity. As required by the IRS, please be advised that your contribution is tax-deductible. No goods or services were provided. Federal Tax ID# 043638491.