

OFFLINE DONATION FORM

Tributes: Honors & Memorials

Making donations in honor of someone (in recognition of a birthday, anniversary, graduation, etc.), or in memory of a loved one, is a meaningful way of helping the Foundation in our quest to find a cure for Crohn's disease and ulcerative colitis. Your tribute gift is a compassionate gesture that will make a difference in the lives of people with IBD.

		TRIBUTE T	YPE (SELECT ONE)				
□ In Honor of			₹ In Memory of				
Tributee Inform	mation:						
Joseph Me	zzacca, Jr.						
	DONOR INFORMATI		ACKNOWLEDGEE				
	Your Information	Pe	Person to notify and send tribute card to.				
irst Name Last Name			First Name Marc	-	ast Name Mezzacca		
Address		Address 200 North End A	Address 200 North End Ave, Apt 7S				
City	State	Zip Code	City New York		ate IY	Zip Code 10282	
	I am making a ta	Donation amount is	t of \$s not disclosed on the to	ribute card)		(USD)	
	Check enclosed		□ Credit Card				
Please make your check payable to the Crohn's & Colitis Foundation.			Please complete the table below and provide information as it appears on card.				
		FOR CREDIT C	ARD PAYMENTS OF	NLY			
First Name and La	ast Name (as it appea	rs on card)					
Credit Card Numb	per	Expirat	ion Date	CSV C	ode		
□ Visa □ MasterCard			American Expre	Express Discover			
Signature		Date	Date				

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

OTHER METHODS:

To donate by phone:

Call (800) 932-2423 - Option 1

Please visit <u>www.crohnscolitisfoundation.org</u> to donate online and send an eCard or paper card.