

Donation Form

Mail to: A-T Children's Project
6810 N. State Road 7, Suite 125
Coconut Creek, FL 33073
USA

www.atcp.org
info@atcp.org



ataxia-telangiectasia
"ay-TACK-see-uh teh-LAN-jick-TAY-sha"

Enclosed is my gift to the A-T Children's Project to help in their mission of finding a cure or life-improving therapies for children with ataxia-telangiectasia.

Single Gift Amount: \$ _____ - OR - **Monthly Gift Amount:** \$ _____
(to be charged monthly to your credit card)
on the 1st or 15th day of the month

Your Name: _____ Company: _____
Address: _____ Apt. Number: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ E-mail Address: _____

*We will contact you only if we have a question about your donation.
We will not share your personal information with any other party.*

I am making my gift by:

- Check (payable to the A-T Children's Project)
 Visa Account Number: _____
 MasterCard Expiration Date: _____
 Discover Authorized Signature: _____
 American Express

This contribution is:

- Sponsoring a marathoner (name of marathoner): _____
 In honor of: _____ Type of occasion: _____
 In memory of: _____
 General Donation (What inspired your generosity?): _____

Please send notification of my contribution to:

Name: _____
Address: _____ Apt. Number: _____
City: _____ State: _____ Zip: _____

The **A-T Children's Project** is a non-profit organization that raises funds to support and coordinate biomedical research projects, scientific conferences and a clinical center aimed at finding a cure for ataxia-telangiectasia, a fatal genetic disease that attacks children, causing progressive loss of muscle control, immune system problems and a strikingly high rate of cancer.