



## MAKE A DONATION BY MAIL

Every contribution, regardless of size, makes a difference and is an investment in education, research, and advocacy to find a cure for cholangiocarcinoma. The Cholangiocarcinoma Foundation depends upon your support to continue this important work.

To make a gift, please print and fill out this form, then mail it (with your credit card information, or your check or money order, payable to "The Cholangiocarcinoma Foundation")

Mail your payment and donation form to:

**The Cholangiocarcinoma Foundation**  
5526 West 13400 South, #510  
Herriman, UT 84096  
U.S.A.

I would like to contribute:

**AMOUNT:**    \$1000        \$500        \$250        \$100        \$50        \$25        Other: \$ .....

Name: .....

Address: .....

City: ..... State/Province: .....

ZIP: ..... Country: .....

Email: .....

**IN HONOR OF:** .....

Occasion:        BIRTHDAY        ANNIVERSARY

Other major milestone, specify:  
.....

Please send acknowledgement to:

Name: .....

Address: .....

City: ..... State/Province: .....

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**IN MEMORY OF:** .....

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Name: .....

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City: ..... State/Province: .....

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### OTHER REASON FOR DONATION:

.....

Please acknowledge my gift in CCF publications and/or donor lists as:

.....

I wish to remain anonymous:        YES        NO

My company will match my gift:        YES        NO

Name and Address of Company:

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Credit card donations, please provide the following info:

Name on Card: .....

Credit Card:    VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

Card Number: .....

Security Code: .....

Expiration Date: ..... / ..... (MM/YY)

Signature: .....

*Thank you for your support!*

