



**Breathe Easy for Cystic Fibrosis Foundation**  
**EVENT: Float For a Cure 2016**  
**Friday, August 12<sup>th</sup>, 2016**  
 Breathe Easy for CFF  
 7300 Hudson Blvd #255  
 Oakdale, MN 5512  
 Ph: (651) 209-9200 fax: (866) 542-8629  
 Mail: admin@breathetoday.org

<u>Office Use Only</u>	
ID# _____	
Catalog # _____	
Donor _____	

*Your contribution supports vital research efforts to cure cystic fibrosis.*

Person or Organization to Receive Recognition		
Individual Authorizing Donation (Mr./Mrs./Ms.)	Signature of Individual Authorizing Donation X	Date
Address	City, State, Zip Code	
Phone/E-Mail	Fax	
Individual to Contact for Item Pick-Up and/or Gift Certificate Redemption (if different from above)	Phone	

<input type="checkbox"/> Item	<input type="checkbox"/> Enclosed	<input type="checkbox"/> I will deliver	<input type="checkbox"/> Available for pick-up on _____
<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> Enclosed	<input type="checkbox"/> I will send	<input type="checkbox"/> Please prepare one on Cystic Fibrosis letterhead. I have indicated all specifications and restrictions below.

Donation – Brief Description	<b>Estimated Value</b>
Additional Description and Details	
Restrictions, Expiration Date, Size and Other Specific Information	

Solicitor	Phone
Signature of Solicitor	Date
Is this item part of a package?	If yes, name of package

**INV**

All Donations are tax deductible as permitted by law. 501 (c) (3) 1393 TAX ID: 45-2494472 Please make a copy of this for your tax records and send a copy to the address above.