

## 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  1<sup>st</sup> or  15<sup>th</sup> 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.