

_____ Of _____ currently in account _____
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_____ Of _____ currently in account _____
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Yours sincerely,

Your Name or Name of Corporation Signing Officers

Address

Phone Number/Email

GIFT DESIGNATION:

If you would like to designate your gift to a specific Crohn's and Colitis Foundation Region, Chapter and/or Program, please indicate so below. Otherwise, your gift will be designated as a donation to the National Office.

- Regional Office: _____
- Chapter/Chapter in Development/Affiliate: _____
- Heel 'n' Wheel-a-Thon
- Fall Fundraiser
- All That Glitters Gala
- Other: _____

THANK YOU FOR YOUR GENEROUS DONATION!