



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

Please make checks, corporate matches, and other donations payable to:

\_\_\_\_\_

Gift will be matched by: \_\_\_\_\_

Organization Name \_\_\_\_\_

Branding/Logo \_\_\_\_\_

Please keep my donation confidential

All donors will receive an emailed tax receipt in January of the year following their donation. Thank you for thinking of the Team Cozzi Foundation and for supporting our efforts! It is people like you who help us move the needle and find a cure!

*Thank you*

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501c3 35-2638377

<https://www.Teamcozzifoundation.org>