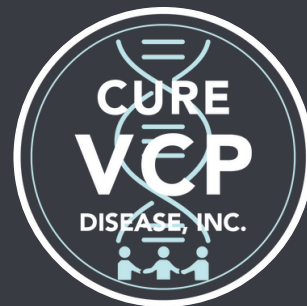


GIFT/PLEDGE FORM

FINDING A CURE IS IN OUR DNA®



Your support is helping us to find a cure for VCP disease!

WHAT IS VCP DISEASE?

IT'S RARE.

Less than two thousand people in the world are currently diagnosed with VCP disease, but experts agree that many patients are undiagnosed.

IT'S DEBILITATING AND PROGRESSIVE.

It can affect a person's muscles, bones, brain and nerves. Most patients lose the ability to walk and care for themselves, half develop a painful bone disease, and one third develop a form of dementia that changes their behavior and ability to communicate. Symptoms vary and typically develop in mid-adulthood.

IT'S GENETIC.

VCP disease is hereditary - a parent with the VCP gene mutation has a 50% chance of passing it to their child.

THERE IS NO CURE.

There is no cure or disease-altering treatments for VCP disease, but we are funding research to change that. And, we are helping patients learn about ways to improve their current quality of life through therapy and coordinated disease management.

GIFT DESIGNATION

This gift is in ☐ memory of ☐ honor of _____

Notify _____ Address _____

GIVING INFORMATION

 This commitment will be made in the following manner:

Pledge

I (we) wish to make a total pledge of \$ _____ via ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
installments of \$ _____ beginning _____ (Date) Pledges can be no longer than 5 years

PAYMENT METHOD

☐ **Personal check made payable to Cure VCP Disease, Inc. is enclosed** For one-time gifts or first pledge payment

☐ **Credit card or other digital payment - please use www.curevcp.org/give**

☐ **In Kind Donation** Please describe the items donated _____

☐ **Other** Please describe the method of payment, e.g. stock transaction, donor advised fund, etc. _____

DONOR INFORMATION

Please acknowledge and credit this gift in the following way:

Primary Donor Name _____

Spouse / Partner's Name (only provide if a joint gift) _____

Address _____

City / State / Zip _____

Phone _____ E-mail _____

Signature (required) _____ Date _____

☐ You have my permission to publish my/our name(s) as donors

☐ I wish to remain anonymous

MATCHING GIFTS

Many companies will match donations to Cure VCP Disease made by their employees. By taking advantage of this benefit, you may double or even triple the value of your contribution.

Check with your company to learn whether your employer matches charitable gifts.

Does your company match gifts? ☐ Yes ☐ No

Your Company _____

☐ I have enclosed the matching gifts form

☐ My employer and/or I will send the form at a later date

Make checks payable to: **Cure VCP Disease, Inc.**

Return completed and signed forms to:

- E-mail: info@curevcp.org
- Mail: 1302 Watson Blvd. #1015 Warner Robins, GA 31093