



**National Foundation to Support Cell Transplant Research Inc.**  
*A 501c3 Not-for-Profit Organization* [www.nfctr.org](http://www.nfctr.org)

*“Supporting clinical trial programs conducted by the Institute for Cellular Therapeutics (ICT)”*

**Donor Information (please print or type)**

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
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**Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ other

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

**National Foundation to Support Cell Transplant Research - NFCTR**  
**333 East Main Street, Suite 304**  
**Louisville, KY 40202**

**502 379-8544 - Office**  
**502 379-8455 - Fax**