



Donation Form

Please print the form, fill in, and mail check (payable to Josie Mazzo Children's Charities) to the address below:

Updated address:
445 Hwy 46 South, Suite 29-204
Dickson, TN 37055

~~PO Box 626
Dumas, TN 37029~~

Mission: To fund research of rare childhood diseases and to provide resources for families of the children who suffer from these illnesses.

Donor Information *(please print or type)*

Name		
Company (if applicable)		
Billing Address		
City		
State	Zip	
Telephone (home)		
Telephone (business)		
E-Mail		

Check here if you wish to remain anonymous

Donation Information *(checks only payable to Josie Mazzo Children's Charities)*

I/We want to support JMCC's mission through my/our gift. Please use my/our gift of \$_____ to support JMCC's work. I/We would like the donation to help with:

<input type="checkbox"/>	Families of children with long-term medical conditions
<input type="checkbox"/>	Non-profit organizations that support families and children <i>(JMCC currently supports United Mitochondrial Disease Foundation, Ronald McDonald House Charities of Middle Tennessee, Monroe Carell, Jr. Children's Hospital at Vanderbilt and Williamson Medical Center.)</i>
<input type="checkbox"/>	JMCC's operations and programs
<input type="checkbox"/>	JMCC may decide how best to use my gift
<input type="checkbox"/>	Other: (please specify)

Gift will be matched by _____ (company/family/foundation).
____ form enclosed ____ form will be forwarded

Acknowledgement Information *(if applicable)*

<input type="checkbox"/> In Memory of:		<input type="checkbox"/> In Honor of:	
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Please send an acknowledgement to the honoree or other relatives listed:

Name		
Relationship <i>(i.e. wife, son, friend, etc.)</i>		
Address		
City		
State	Zip:	