

# Fighting Cystic Fibrosis License Plate



**I am interested in purchasing a Fighting Cystic Fibrosis License Plate:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The following people are also interested:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return to:  
Laps for CF, 6 Office Park Circle, Suite 209, Birmingham, AL 35223  
Fax: 205-877-8808  
Email: [stephanie@lapsforcf.org](mailto:stephanie@lapsforcf.org)