

Erikson Institute Donation Form

Donor information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business phone: (_____) _____ Home phone: (_____) _____

E-mail address: _____@_____._____

Donation information

I would like to make a gift to Erikson Institute. \$250 \$500 \$1,000 other \$ _____

My check payable to Erikson Institute is enclosed.

Please charge \$ _____ to my: Visa MasterCard Discover
Your gift is tax deductible as provided by law.

Account Number: _____ Expiration Date: _____ (Month/Year)

Cardholder's name: _____

Honorary donation

I'm giving in memory of: _____

In honor of: _____

Please notify: (Name and address to which notification should be sent.)

Your donation will be acknowledged to the above named person. The monetary amount will not be included.

Honor Roll of Donors

I would like to be included on the Honor Roll of Donors. Please list my name as:

I wish to remain anonymous.

Employer matching gift program

Yes, my employer has a matching gifts program.

Please call my office at: (_____) _____ or e-mail _____

Donation via mail

Please mail this form to:

Erikson Institute Development
4171 Paysphere Circle
Chicago, Illinois 60674

Thank you for supporting Erikson Institute.