

erikson

Commitment Form

Contact Information

Name _____

Organization _____

Address _____

City/State/Zip _____

Phone (Please circle type: Home Office Cell) _____ Alt. Phone (Please circle type: Home Office Cell) _____

Email _____

Gift Information

Please direct our/my gift to: _____

- Enclosed is my check for \$_____ made payable to *Erikson Institute*.
- Please accept my pledge of \$_____ payable by _____.
- Please charge \$_____ to my American Express Discover MasterCard Visa

Name as it appears on the card _____

Credit card number _____ Expiration date _____

Signature _____

Honorary Gift

We/I am giving in memory of: _____

We/I am giving in honor of: _____

Honor Roll of Donors

Name as it should appear on Erikson donor listings _____ We/I wish to remain Anonymous _____

Please return your completed form by mail to Erikson Institute, Institutional Advancement, 451 North LaSalle Street, Chicago, IL 60654 or by fax to (312) 755-0928. If you need additional information, please contact Institutional Advancement at (312) 893-7113.

Erikson Institute is a 501(c)(3) non-profit organization. Contributions are deductible as provided by law. Tax ID #36-2593545.

Thank you for your support!