## **DONATION FORM**

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

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

City/State/Post Code/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Pledge Commitment

**A commitment to pay the following total amount in annual installments over a five-year period.**  All gifts of $1,000 or more annually qualifies for Centurion Club membership.

# This pledge is to support:

\_\_\_\_ the Duane Sewell Young Investigator Award

\_\_\_\_ the Chris O’Brien Traveling Scholar Award

\_\_\_\_ wherever it is needed most

**Please specify pledge commitment level:**

\_\_\_\_\_ $2,500 total (annual payment of $500)

\_\_\_\_\_ $4,000 total (annual payment of $800)

\_\_\_\_\_ $5,000 total (annual payment of $1,000 – Centurion Club membership)

\_\_\_\_\_ $7,500 total (annual payment of $1,500 – Centurion Club membership)

\_\_\_\_\_ $10,000 total (annual payment of $2,000 – Centurion Club membership)

# Single Donation or Centurion Club Membership

**A one-time donation in any amount.**

All gifts of $1,000 or more qualifies for Centurion Club membership.

**Please specify gift amount:**

\_\_\_\_ $200 \_\_\_\_ $350 \_\_\_\_ $500 \_\_\_\_ **$1,000 (Centurion Club)** \_\_\_\_ Other: $\_\_\_\_\_

# Payment Information

\_\_\_ Check Enclosed: Please make checks payable to the Research and Education Foundation. For a pledge commitment, please write the check for the first annual pledge installment.

\_\_\_ Credit Card: \_\_\_\_ Visa \_\_\_\_ Master Card

Amount to charge: $ \_\_\_\_\_\_\_\_ (single donation or first installment of pledge commitment)

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your generosity.**