

Donation Form



Donor Information

Please print neatly.

Last Name*

First Name* Middle Initial

Title Mr. Ms. Mrs. Miss. Dr.

Suffix Sr. Jr. I II III IV V VI

Gender Male Female Birth Date / /

Donor Address

Address*

City*

State* Zip Code* -

Phone Number* - - Extension

Email Address*

Gift Information

Gift Credit* Participant Team Event

Participant Name

Team Name

Gift Type* One-Time Gift Recurring Gift (Each Month for 12 Months)

Amount* \$240 \$120 \$60 \$35 Other Amount \$

Payment Information

Checks should be made payable to *Lurie Children's Foundation*.

Payment Method* Cash Personal Check Credit Card

Card Type American Express Discover MasterCard Visa

Card Holder

Card Number

Expiration Date / /

Signature* _____ Date* _____

Please sign and return this form with payment to:

Lurie Children's Foundation
Move for Kids
225 East Chicago Avenue,
Box 4 Chicago, IL 60611

Campaign:
SPEVENTS22
Fund: UAFEC
Appeal: EVNTMFTK22
Package: MFTKDON