

# Circle of Friends Donation Form



## DONOR INFORMATION

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**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** Mr. Ms. Mrs. Miss. Dr.      **Gender:** M F      **Suffix:** Sr. Jr. I II IV V VI

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

## GIFT INFORMATION

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**Name of Event or Fundraiser Organizer:** \_\_\_\_\_

**Gift Amount:**     \$240     \$120     \$60     \$35     Other: \$ \_\_\_\_\_

**Gift Type:**     One-Time Gift     Recurring Gift (Each month for 12 months)

**Is this gift in honor or in memory of someone?**     in honor of     in memory of

**If yes, who?** \_\_\_\_\_

## PAYMENT INFORMATION

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**Payment Method:**     Credit Card     Cash     Check    *(Checks should be made payable to Lurie Children's Foundation)*

**Card Type:**     Discover     Visa     American Express     MasterCard

**Name on Credit Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

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

Please sign and return this form with payment to:

**Lurie Children's Foundation**  
**ATTN: Circle of Friends**  
**225 East Chicago Avenue, Box 4**  
**Chicago, IL 60611**

Campaign: CFRIENDS18