Circle of Friends Donation Form

Ann & Robert H. Lurie Children's Hospital of Chicago®
Circle of Friends

Donor Information

Please print neatly.

Last Name*

First Name* **Middle Initial**

Company

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

Name of Event or Team Organizer

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

Gift Amount* ☐ $100 ☐ $75 ☐ $50 ☐ $25 ☐ Other Amount $

Payment Information

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

Pay 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
Attn: Circle of Friends
225 East Chicago Avenue, Box 4
Chicago, IL 60611-2991

Teamraiser Id: 1410
Appeal: 3PTYTEAM15