2018 Lurie Children's Marathon Team 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)

Gift Amount* ☐ $240 ☐ $120 ☐ $60 ☐ $35 ☐ 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: Lurie Children's Marathon Team
225 East Chicago Avenue, Box 4
Chicago, Illinois 60611-2991

Teamraiser ID: 1771
Campaign: SPEVENTS18
Fund: U
Appeal: EVNTLCMT18
Package: LCMTDON