

# 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  
Pedalpalooza  
225 East Chicago Avenue,  
Box 4 Chicago, IL 60611

Campaign: COMMEVNT21  
Fund: U  
Appeal: EVNTLCP21  
Package: LCPPDON