

Team Lurie Children's Donation Form



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:

Teamraiser Id: 1390

Lurie Children's Foundation
Attn: Team Lurie Children's
225 East Chicago Avenue, Box 4
Chicago, IL 60611-2991