

The Tribute Program of Lurie Children's Donation Form



Donor Information

Please print neatly.

Last Name*

First Name* Middle Initial

Gender Male Female Birth Date / /

Org. Name

Address*

City* State* Zip Code*

Phone Number* - - Extension

Email Address*

Gift Information

Gift Credit* Honoree Memorial Special Occasion

Tribute Name *

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

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

Direct My Gift To The Children's Fund Other

Gift Notification

Provide the information below if you would like us to notify someone of your gift

Name

Address

City State Zip Code

Sign Card From

Payment Information

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

Pay Method* Cash Personal Check Credit Card

Card Holder

Card Number

Expiration Date / /

Signature* _____ Date* _____

Please sign and return this form with payment to:

Lurie Children's Foundation
Attn: The Tribute Program of Lurie Children's
225 East Chicago Avenue, Box 4
Chicago, IL 60611-2991

TeamRaiser Id: 1520