

Run for Gus 2019 Donation Form



DONOR INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

RUNNER/WALKER INFORMATION

Runner/Walker Name: _____

Team Name: _____

Donation Amount: \$50 \$100 \$250 \$500 Other Amount: \$_____

PAYMENT INFORMATION

Payment Method: Credit Card Cash Check *(Checks should be made payable to Lurie Children's Foundation)*

Card Type: Discover Visa American Express MasterCard

Name on Credit Card: _____

Card Number: _____ Exp: _____

Signature: _____ Date: _____

Thank you for your support of Run for Gus and Lurie Children's!

Please sign and return this form with payment to:
Lurie Children's Foundation
Run for Gus
225 East Chicago Avenue, Box 4
Chicago, IL 60611

Campaign: YABBOARD19
Fund: RADMNFDNYABO
Appeal: EVNTYABR19
Package: YABDON