



# The Christie Foundation

Your support helps us create healthier children, healthier families, and healthier communities. That's what the Christie Foundation is all about. Thank you for your support of the Christie Foundation!

*\* Required Information*

Full name(s), including titles desired \*: \_\_\_\_\_

Full mailing address, including zip\*: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work or cell phone: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

## Gift Amount \*

\$5,000      \$2,500      \$1,000      \$500      \$250      \$100      \$50      Other \$ \_\_\_\_\_

I would like to make this donation anonymously

## Gift type\*

Single Gift

Recurring Gift

Starting: \_\_\_\_\_ (enter date)      Ending: \_\_\_\_\_ (enter date)

Weekly      Monthly      Quarterly      Annually      Other

## Payment Information:

I am enclosing a check.

I am paying by credit card.

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card expiration: Month: \_\_\_\_\_ / Year: \_\_\_\_\_

Card type: \_\_\_\_\_ Card Security Code: \_\_\_\_\_ (3-digit security code on back of card)

If this is a recurring gift, your credit card will be charged for the length of time you have selected or until you contact us to request otherwise.

This is an honor gift.

This is a memorial gift.

Enter pertinent information (names, contact information, etc.) \_\_\_\_\_

My employer will match my gift. Name of employer: \_\_\_\_\_

**When form is completed, please send to: 101 West University Avenue, Champaign, IL 61820.**

For more information on Foundation giving options, please contact (217) 366-5207 or [donate@christie-foundation.org](mailto:donate@christie-foundation.org)