



Donation Form

Enclosed is my gift of:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$5,000.00 | <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> \$1,000.00 | <input type="checkbox"/> \$50.00 |
| <input type="checkbox"/> \$500.00 | <input type="checkbox"/> \$25.00 |
| <input type="checkbox"/> \$250.00 | <input type="checkbox"/> Other: _____ |

Personal Data (please print clearly):

Your Name: _____

Name of Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: (____) _____

Email: _____

Please make check payable to *SOS Children's Villages Illinois* or provide your credit card information below:

VISA or MasterCard Number: _____

Expiration Date (mm/yy): _____

Phone Number of Billing Address: _____

Signature: _____

Mail completed form to:

SOS Children's Villages Illinois
216 W. Jackson Blvd., Suite 925
Chicago, IL 60606

Thank you for your support!