



CHICAGO Dance Marathon 2012 Donation Form

Participant Information

Participant Name: _____

Participant Team: _____

Donation Amount

\$50 \$100 \$250 \$500

Other Amount: _____

Donation Type: One-time Gift Sustaining Gift

Sustaining Gift Duration: 6 Monthly Payments 12 Monthly Payments

4 Quarterly Payments Ongoing Monthly

Donor Information

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email Address: _____

Payment Information

Payment Method

Credit Card Cash Check (Payable to *Children's Memorial Foundation*)

Credit Card Type

Master Card Visa American Express Discover

Credit Card Number: _____ CVV: _____

Expiration Date: _____

Name on Credit Card: _____

Signature: _____ Date: _____

Please return completed and signed form with payment to:

CHICAGO Dance Marathon 2012
Children's Memorial Foundation
Department 4586
Carol Stream, IL 60122-4586