



I WANT TO INVEST IN THE BABY FOLD!

Amount of Gift: \$50 \$100 \$250 \$500 \$1000 other \$ _____

Name(s): _____ Address: _____

City/State/Zip: _____ Phone Number: _____

E-mail: _____

Payment Method: Check (payable to The Baby Fold)

Credit Card (circle card type): MasterCard VISA Discover AmEx

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____

Programs I would like to support:

- Area of Greatest Need
- Special Education (Hammit Schools)
- Community Schools
- Healthy Start
- Adoption Preservation
- Foster Care
- Family & Community Services
- Other: _____

Is this gift a tribute to someone?

In honor of: In memory of:

Name: _____

In recognizing this gift, list my/our name as:

Name(s): _____

Please notify the following individual(s) to let them know I/we made this gift. (The amount will remain confidential.):

Name(s): _____

Address: _____

City/State/Zip _____

Other Considerations:

- ___ My company's matching gift information is enclosed or I submitted it electronically.
- ___ I wish to receive e-mail updates to above address. (monthly e-newsletter)
- ___ Please contact me regarding Electronic Funds Transfer through my bank.
- ___ I would like to discuss options for documenting an estate gift provision.
- ___ I would like to consider a larger gift of \$5,000 or higher paid over multiple years.

THANK YOU FOR MAKING A DIFFERENCE IN THE LIVES OF CHILDREN AND FAMILIES OF THE BABY FOLD!

Development and Public Relations - The Baby Fold - 108 E. Willow St. - Normal, IL 61761

FOR HELP WITH A SPECIAL GIFT, CALL NORRIS PORTER, ASST. V.P. 309-451-7204