



## The Baby Fold Donation Form

*The Baby Fold is a non-profit 501(c)(3) organization.*

**The Baby Fold**  
108 East Willow Street  
Normal, IL 61761  
(309) 452-1170

**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    American Express

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Programs I would like to support:

Special Education (Hammitt 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 names as:

\_\_\_\_\_

\_\_\_\_\_

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

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

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_



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### 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!***

**Please mail this completed form to:**  
Development and Public Relations  
The Baby Fold  
108 E. Willow St.  
Normal, IL 61761