

Elliot Institute Donation and Pledge Form

// I want to be a **Supporting Partner** with a one-time donation of \$_____.

// The check is enclosed.

// Charge it to my credit card as shown below.

// I want to be a **Sustaining Partner** with a donation of \$_____ in each of the months circled below.

Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

// Please mail a reminder at the beginning of the months selected so I can pay by check.

// Charge it to my credit card as shown below.

// Please charge the donation(s) authorized above to my // Visa // MasterCard // Discover.

Credit Card Number _____ Exp. _____

Name (Please Print) _____

Billing Address _____

Phone Number _____

Authorization Signature _____

Mail to: Elliot Institute, PO Box 7348, Springfield, IL 62791 **Email to:** elliotinstitute@gmail.com. **Thank you!**