



# DONATION FORM

### My Gift Amount:

- \$1,000
- \$500
- \$250
- \$100
- \$ \_\_\_\_\_ other

### My Gift is: *(circle one)* ONE TIME | MONTHLY

In honor of:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

Charge my: *(circle one)* VISA | MASTERCARD

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Special Code

\_\_\_\_\_  
Signature

I wish my donation to be anonymous

Please send any company Matching Gift Forms to Links at 1779 Maple Street, Northfield, IL 60093

**Your contribution is tax deductible. Thank you.**

