



**Donor Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/ State/ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \$100 \_\_\_\_ \$50 \_\_\_\_ \$25 \_\_\_\_ \$250 \_\_\_\_ \$500 \_\_\_\_ Other \_\_\_\_

**Credit Card Information**

Type: Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_

Card number: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_

**Memorial and Tributes (optional)**

This gift is made in memory of: \_\_\_\_\_

This gift is made in honor of: \_\_\_\_\_

**A notification of your memorial or tribute gift will be sent to the person below.  
The gift amount will not be indicated.**

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

Address: \_\_\_\_\_ City/ State/ ZIP: \_\_\_\_\_

We welcome comments about your gift and your inspiration to give: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Gift Designation**

Gifts can be made to a single program or shared between two or more. If you choose more than one program the amount will be split equally among your choice.

Greatest needs as determined by the Governing Board \_\_\_\_  
Charity care programs \_\_\_\_ Other \_\_\_\_

Please know that all transactions are conducted with utmost security and privacy. We do not give, sell, or rent this information to any outside parties, or organizations. The Kirby Foundation is a nonprofit 501 (c) (3) charitable organization, and contributions are tax deductible to the extent allowed by law. For more information, please contact us at (217) 762-1509.