



The Christie Foundation

Your support helps us create healthier children, healthier families, and healthier communities. That's what the Christie Foundation is all about. Thank you for your support of the Christie Foundation!

** Required Information*

Full name(s), including titles desired *: _____

Full mailing address, including zip*: _____

Home phone: _____ Work or cell phone: _____

Email 1: _____ Email 2: _____

Gift Amount *

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

I would like to make this donation anonymously

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Starting: _____ (enter date) Ending: _____ (enter date)

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I am enclosing a check.

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Cardholder Name: _____

Card Number: _____ Card expiration: Month: _____ / Year: _____

Card type: _____ Card Security Code: _____ (3-digit security code on back of card)

If this is a recurring gift, your credit card will be charged for the length of time you have selected or until you contact us to request otherwise.

This is an honor gift.

This is a memorial gift.

Enter pertinent information (names, contact information, etc.) _____

My employer will match my gift. Name of employer: _____

When form is completed, please send to: 101 West University Avenue, Champaign, IL 61820.

For more information on Foundation giving options, please contact (217) 366-5207 or donate@christie-foundation.org