



I will donate \$ _____
to the Gary Sinise Foundation

- MONTHLY DONATION ONE-TIME DONATION
 MULTI-YEAR DONATION for _____ years

*Making your donation online saves time and expense, allowing us to do more with every dollar.
Please consider donating online at garysinisefoundation.org/donate.*

Full Name(s): _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Home Email: _____ @ _____

Please make my gift: In Memory Of In Honor Of _____

Please mail my notification to: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I WILL PAY WITH A CHECK. *(please ensure checks are payable to Gary Sinise Foundation)*

I WILL PAY WITH A CREDIT CARD.

Card #: _____ Exp. Date: _____ Visa MC Disc AmEx

CVC #: _____ Name as it appears on card *(please print)*: _____

Billing Address: same as above _____

City: _____ State: _____ Zip: _____

Email *(required)*: _____ @ _____

Your signature: _____ Date: _____

OPTIONAL INFORMATION

- Check this box if you would like to receive our monthly newsletter that highlights the lives your donation has positively impacted.
- I would like information about including the Gary Sinise Foundation in my estate plans.

Thank you for supporting our mission through your generous contribution.

Gary Sinise Foundation's Federal Taxpayer I.D. #80-0587086