

The Kane County Bar Foundation, Inc.

555 S. Randall Road, Suite 205

St. Charles, IL 60174

DONATION FORM

Date: _____

Enclosed is my gift of \$ _____

Please apply this donation to:

_____ Children's Waiting Room

_____ Gala Fundraising Event

_____ Endowment Fund

_____ Grants

_____ Scholarship Fund

_____ Honorable Patrick J. Dixon Memorial Scholarship Fund

_____ Turning Point Program

_____ Non-specified

(Please print all information. Please make checks Payable to the Kane County Bar Foundation and remit to address listed above.)

Name: _____

Phone: _____

Address: _____

City, State, Zip Code: _____

CREDIT CARD PAYMENT INFORMATION

- Visa
- MasterCard
- Discover
- Please charge my credit card \$ _____

Card # _____

Expiration Date _____

3-Digit Code (on back) _____

Name on Credit Card _____

Cardholder Billing Address (if different from above)

Address: _____

City, State, Zip Code: _____