

# Gift Form

Your tax-deductible gift to Illinois Neuroscience Institute Foundation Council provide our patients with the finest care possible. All gifts support the work of the Sisters to provide high-quality healthcare for generations to come. *Please print this form and mail to INI Foundation, 530 NE Glen Oak Avenue, Peoria IL 61637 or fax to (309) 566-5688.*

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ENCLOSED IS MY GIFT OF \$ \_\_\_\_\_.

Please charge this gift to my  Visa  MasterCard  Discover  American Express

Print names as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please make checks payable to Illinois Neurological Institute Foundation (located at OSF SFMC Foundation)*

## PLEASE USE MY GIFT FOR:

- |   |  |
|---|--|
| <input type="checkbox"/> Illinois Neurological Institute General Fund | <input type="checkbox"/> Sleep Center Fund               |
| <input type="checkbox"/> ThinkFirst Program (Brain Trauma)            | <input type="checkbox"/> Multiple Sclerosis Center Fund  |
| <input type="checkbox"/> Stroke Center Fund                           | <input type="checkbox"/> Epilepsy Center Fund            |
| <input type="checkbox"/> Spine Institute Fund                         | <input type="checkbox"/> Neuroscience Nurses (CNRN Fund) |

THIS IS A TRIBUTE DONATION MADE IN HONOR OR MEMORY OF SOMEONE SPECIAL. (CIRCLE ONE)

Honoree: \_\_\_\_\_

Occasion (e.g. birthday, anniversary, recovery, memorial): \_\_\_\_\_

Relationship to honoree (e.g. parent, friend, neighbor): \_\_\_\_\_

Please notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*A special card will be sent to the person/family you designate. The amount of your gift will remain confidential.*

## MATCHING GIFT

If your employer matches employee donations, please list your employer's company name here.

- \_\_\_\_\_
- I would be pleased to have my name published in your newsletter as a donor. (Please enter your name(s) as you would like to be recognized in donor publications: \_\_\_\_\_)
- Please do not publish my name. I prefer to remain anonymous.
- I would like to know more about the benefits of including Illinois Neurological Institute Foundation in my estate plans. Please contact me by (circle one): phone email mail
- I have already included Illinois Neurological Institute Foundation in my estate plans.