



## DONATION FORM

PLEASE COMPLETE THIS FORM AND ENCLOSE IT WITH  
YOUR PAYMENT TO:

MOTHERS TRUST FOUNDATION  
400 E. ILLINOIS ROAD  
LAKE FOREST, IL 60045  
OR FAX TO: 847-482-9193

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_

THIS GIFT IS MADE BY (PLEASE CHECK):  CHECK  VISA  MASTERCARD

CARD #: \_\_\_\_\_ CVS#: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

THIS DONATION IS:  IN HONOR OF:  IN MEMORY OF:

NAME: \_\_\_\_\_

PLEASE SEND AN ACKNOWLEDGEMENT OF THIS DONATION TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

*MOTHERS TRUST FOUNDATION IS A 501(C)(3) ORGANIZATION UNDER THE REGULATIONS  
OF THE INTERNAL REVENUE SERVICE.  
ALL CONTRIBUTIONS TO THE FOUNDATION ARE TAX-DEDUCTIBLE TO THE EXTENT PROVIDED BY LAW.*

**THANK YOU!**