



Gift of Identity Fund

**Giving every international adoptee
a chance to complete the sentence "I am. . ."**

(Please PRINT all information clearly)

Donation Amount: __\$50 __\$125 __\$250 __\$500 \$_____Other

Payment Method: __ Check **payable to Gift of Identity Fund, Ltd.**

__ Visa __ MC __ AX Number_____Exp_____Code_____

If credit card, would you like this to be a recurring donation? __ monthly __ quarterly __ annually

Name: _____

Address: _____ City_____ST_____ Zip_____

Home phone: (_____) _____ Email_____ Date _____

Receipt will be mailed to the address above.

TYPE OF DONATION (please choose one):

General Donation

Gift in honor of: _____

(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card signed? _____

(name or names)

Gift in memory of _____

(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card signed? _____

(name or names)

Thank you for your support. Your donation is tax deductible to the extent allowed by law.

Please mail this form and your check or credit card info to: Gift of Identity Fund, Ltd.
c/o Laurie Glass
3710 N. Oakland Ave. #410
Shorewood, WI 53211