



Thank you for donating to GIFT of Identity, helping international adoptees explore their heritage.

Donation Amount: __\$50 __ \$125 __ \$250 __ \$500 \$_____ Other Amount

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

__ Visa __ MC __ AX Number_____ Exp_____ Code_____
Date_____

If credit card, would you like this to be a monthly recurring donation? ____ Yes ____ No

Name(s):_____ Date_____

Address:_____ City_____ ST__ Zip_____

Home phone: (_____) _____ Email(s)_____

Receipt will be mailed to the address above.

TYPE OF DONATION (please choose one):

General Donation

Gift in honor of: _____
(name of individual or organization)

Send acknowledgement card to:

Name:_____

Address:_____

City/State/ZIP: _____

How would you like the card signed? _____

Gift in memory of _____
(name of deceased)

Send acknowledgement card to:

Name:_____

Address:_____

City/State/ZIP: _____

How would you like the card signed? _____

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, c/o Laurie Glass, 3710 N. Oakland Ave. #410, Shorewood, WI 53211
414 962-9342 Info@GiftofIdentityFund.org www.Gift-of-Identity.org

Gift of Identity Fund, Ltd. is a 501(c)(3) non-profit organization.