



## DONATION FORM

*Yes! I support the Steele Children's Research Center to make the world a healthier place for kids.*

**Enclosed is my tax-deductible gift of:**

\$5,000     \$1,000     \$500     \$250     \$100     Other: \_\_\_\_\_  
(Please make checks payable to UAF/SCRC). *Ask your employer about a matching gift.*

**I would like to pay by credit card:**    VISA         MasterCard    American Express

Name as it appears on credit card: \_\_\_\_\_

Card number: \_\_\_\_\_      Expiration date: \_\_\_\_\_

**I prefer to pledge this amount. Enclosed is my first payment of:** \$ \_\_\_\_\_

Payments will be made:    Monthly    Quarterly    Annually

**Please apply my gift:**     Where the impact of my gift will be greatest.

To the following area of research: \_\_\_\_\_

**I want to leave a legacy:**     I would like to learn how to increase my income and decrease my taxes through charitable estate planning.  
 I have included the Steele Children's Research Center in my estate plan.

**This gift is from:**

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Bus. Phone: \_\_\_\_\_

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

**This gift is:**    In memory of     A tribute to

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

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

City/State/Zip: \_\_\_\_\_

***If you have any questions, please contact Lori Stratton at 520-626-7051.***

