

Hurricane Matthew Disaster Relief Processing Center 23912 Network Place Chicago, IL 60673-1239

Personal Information:					
Prefix First _		M.I	Last		Suffix
Spouse Information					
Prefix First _		M.I	Last		Suffix
Is this donation on behalf of	an organization? 🛛 Yes	No	Org. Name _		
Street Address					Apt./Unit
City			State	_ Zip	
Phone ( )	Email				
Donation Information:					
I would like to make a gift in	the amount of: \$				
Enclosed is my check	k payable to <i>Hurricane Matt</i>	hew Disaster I	Relief		
Please charge my:	🗆 Visa 🛛 🗆 Mas	sterCard	□ Discover		□ American Express
		Ехр.	Sign	ature	
(RR McCormick Fdn will ap	pear on your statement)				
I would like to make the	is a recurring gift. Charge my	y credit card \$_	on the first	Monday of e	every month until further notice.
Have you included an emplo	yer matching gift form?		Yes □ N	No	
Donation Acknowledgmen	<u>t</u>				
You can choose to make you	ur gift a tribute to a person yo	ou know or adm	ire.		
Please make my gift:	In honor of In memory of				
If you would like this individu include the information below		e a letter from H	urricane Matthew	Disaster Re	lief recognizing your gift, please
Your name and donation ma					W.
	sh my name as:				
🗆 No, do not	publish my information.				

Hurricane Matthew Disaster Relief is a campaign of the Robert R. McCormick Foundation. The Foundation is a registered 501(c)(3) organization, IRS registration # 36-3689171. Your gift is tax deductible to the extent allowed by law. An acknowledgment will be sent for your records. A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free, within the state, 800-HELP-FLA. Registration does not imply endorsement, approval or recommendation by the state. Florida registration for the Robert R. McCormick Foundation is CH811. The McCormick Foundation respects your right to privacy and does not trade or sell donor names.