ROBERT R.
McCORMICK
FOUNDATION

Please send in your donation with this form to:
McCormick Foundation Communities Program
24538 Network Place
Chicago, IL 60673-1245

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 payable to ***McCormick Foundation Communities Program***

____ Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number _____ Exp. _____ Signature _____

____ I would like to make this a recurring gift. Charge my credit card $_____ on the first week of every month until further notice.

Have you included an employer matching gift form? ☐ Yes ☐ No

Donation Acknowledgment

You can choose to make your gift a tribute to a person you know or admire.

Please make my gift: In honor of _____
In memory of _____

If you would like this individual or his/her family to receive a letter recognizing your gift, please include the information below.

_____
_____
_____

The Robert R. McCormick 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.
The Robert R. McCormick Foundation respects your right to privacy and does not trade or sell donor names.

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