



Please send in your donation with this form to:

Chicago White Sox Community Fund
c/o Robert R. McCormick Foundation
Attn: Development
205 N. Michigan Avenue
Suite 4300
Chicago, IL 60601

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 *Chicago White Sox Community Fund*

_____ 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 Monday 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 from the Chicago White Sox Community Fund recognizing your gift, please include the information below.

Your name and donation may be listed in future publications or online. To be included, check Yes below.

- Yes, publish my name as: _____
- No, do not publish my information.

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