



Please send in your donation with this form to:

Cubs Care  
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 **Cubs Care**

\_\_\_\_\_ 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 Cubs Care 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- No, do not publish my information.

Cubs Care is a fund 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. The Robert R. McCormick Foundation and the Chicago Cubs respect your right to privacy and do not trade or sell donor names.

**CUBDF**