

## To donate:

Please complete the form below. Please print. Self-addressed envelope enclosed.

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



### I wish to donate \$ \_\_\_\_\_

- ☐ **Check attached:** Make check payable to CIBA Foundation and mail to CIBA Foundation, c/o Jerry Simon,  
711 Kessler Boulevard West Drive, Indianapolis, Indiana 46228
- ☐ **Online:** Visit ***cibafoundation.org*** and follow link to "Donate to the Foundation."
- ☐ **Pledge:** Payment: Now \$ \_\_\_\_\_ (Check attached.) Payment: December \$ \_\_\_\_\_ (We will send you a reminder.)

FRC2020

- ☐ Yes, please list my donation in the Foundation's recognition materials as printed below. ☐ No, I wish to remain anonymous.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Contribution to CIBA Foundation is deductible  
according to your IRS tax guidelines.*