

**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](http://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.*