



GI RESEARCH FOUNDATION

PLEASE SUPPORT THE GI RESEARCH FOUNDATION FOR DIGESTIVE DISEASE RESEARCH TODAY!

Donor Name(s) _____

Donor Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Gift Amount: \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 \$25

Other Amount: _____

Will this gift be matched? No Yes, by _____

Optional: My gift is in memory of honor of _____

Please send notification of my gift to:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Payment Information

My check, payable to GI Research Foundation, is enclosed.

Please charge my credit card: Visa Mastercard Am Ex Discover

One-Time Gift Set Up Monthly Recurring Gift

Card Number _____ Exp. Date ____/____ Security code _____

Signature _____ Date _____

Please mail this form, along with your payment, to:

GI Research Foundation, 1954 First St Suite 167, Highland Park, IL 60035