

# Illinois Raptor Center

## DONATION FORM

### Donor Information (please write clearly)

Name	
Address	
City/State/Zip	
Telephone	
E-Mail	
Amount of Donation	\$

### Matching Donation Information (if applicable)

Donation will be matched by \_\_\_\_\_ (company/family/foundation).

form enclosed  form will be forwarded  Submit on line at \_\_\_\_\_

### Your Receipt Information

Please use the following name(s) in all receipts for tax purposes:

\_\_\_\_\_

I (we) wish to remain anonymous.

A receipt is not necessary.

This donation is my gift  IN HONOR OF.....  IN MEMORY OF.....

Recipient
Purpose or Personal Note:
<b>Send an acknowledgement of my gift to:</b>
Name
Address
City/State/Zip
Find Honors at <a href="http://www.illinoisraptorcenter.org/honor.html">http://www.illinoisraptorcenter.org/honor.html</a>
Find Memorials at <a href="http://www.illinoisraptorcenter.org/memory.htm">http://www.illinoisraptorcenter.org/memory.htm</a>

Please make checks, corporate matches, or other gifts payable to:

**Illinois Raptor Center**  
**5695 W. Hill Road**  
**Decatur, IL 62522-9520**

**PLEASE KNOW THAT THE ILLINOIS RAPTOR CENTER WILL NEVER SHARE OR SELL YOUR INFORMATION.**