

To donate:

Please complete the form below (Please Print)



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 Blvd West Drive, Indianapolis, Indiana 46228
- Online:** Visit cibafoundation.org and follow link to "Donate to the Foundation"
- Pledge:** Payment: Now \$ _____ (Check attached) Payment: November \$ _____ (We will send you a reminder)

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

Signed: _____ Date: _____

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