

CIBA Foundation Donation Form

- Gift enclosed**
- Send me additional information**
- Contact me about estate planning**

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (____) _____ Email: _____

Make checks payable to: CIBA Foundation, Inc.

Mail checks to:

CIBA Foundation, Inc.

% Rosemary Thomas

4215 S. Eaton Ave.

Indianapolis, IN 46239