

To donate:

Please complete the form below. Please print. Self-addressed envelope enclosed.

Name(s): _____

Address: _____

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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** and follow link to "Donate to the Foundation."
- Pledge:** Payment: Now \$ _____ (Check attached.) Payment: December \$ _____ (We will send you a reminder.)

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- 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.