

*Note: Please type right onto the form, print, sign and return*



## ***Mothers Trust Foundation*** **Gift Form**

Yes! I want to donate to the Mothers Trust Foundation! Please complete this form, print it out, and enclose it with your payment, payable to the Mothers Trust Foundation.

Mail to: Mothers Trust Foundation  
400 E. Illinois Road  
Lake Forest, Illinois 60045  
or Fax to: 847-482-9193

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

This gift is made by (please check):  Check  Visa  MasterCard

Card #: \_\_\_\_\_ cvs#: \_\_\_\_\_

3 digit number of  
reverse side of card

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*The Mothers Trust Foundation is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the Foundation are tax-deductible to the extent provided by law.*

**Thank you!**