



Gift Form

(312) 427-5810

Fax: (312) 427-5813

Email: assistant@ipma.net

745 McClintock Dr., Suite 340

Burr Ridge, IL 60527

I would like to donate the following amount \$ _____

Donating by check:

Please mail your check to the above address.

If donating by credit card, please provide us with the following information:

Select your type of credit card:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____ Exp. Date: _____

Name on card _____

Please provide the following information in full:

Select your title: Ms. Mrs. Mr. Dr. None

First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Preferred contact phone: _____

The Illinois Foot Health Education Foundation is a non-profit 501(c)(3) organization. Your donation is tax deductible to the fullest extent of the law.