



CIL Jacksonville ONLINE DONATION FORM

Mail this form and donation to: CIL Jacksonville, 2709 Art Museum Drive, Jacksonville, Florida 32207

One-Time Donation Amount: \$ _____

- YES!** Please make this a recurring **monthly donation** to support the disability community
with my monthly gift of: \$5/month \$10/month \$15/month Other \$_____/month

Donation Information:

Is this donation being made by a company? Company Name: _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Phone Number:** _____

- Yes, I would like to receive email communications from CIL Jacksonville
 My check is enclosed and made out to CIL Jacksonville. **Please charge my credit card.**

Credit Card Information:

Card Type: AMEX Discover MasterCard Visa

Cardholder Name: _____

Card Number: _____ Expiration Date (Month/Year): _____

Cardholder Signature: _____

Credit Card Billing Information:

If the billing address is different from the donor information, please enter the billing information below.

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Gifts in Honor or in Memory of an Individual:

** Note: CIL Jacksonville does not disclose the donation amount.*

Gift Type (choose one): **In honor of** **In memory of**

Name of the person being recognized (First Name/ Last Name): _____

Send acknowledgement of my gift to (First Name/Last Name): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Thank you for your donation!