



**Today's Date:** \_\_\_\_\_

**I'd like to make a gift of:**

- \$100     \$250     \$500     \$1000     \$2000     Other \$\_\_\_\_\_
- I would like to make a recurring monthly gift to IEC in the amount of \$\_\_\_\_\_

**Donor Information:**

|                                    |         |      |
|------------------------------------|---------|------|
| Donor Name(s):                     |         |      |
| Organization Name (if applicable): |         |      |
| Street:                            |         |      |
| City:                              | State:  | Zip: |
| Phone:                             | *Email: |      |

*\*By providing your email, you'll receive occasional updates from IEC. You can unsubscribe at any time. IEC will never rent, sell, or exchange your email address.*

**Payment Information:**

- Check payable to Institute for Exceptional Care     Charge my credit card

|              |           |              |
|--------------|-----------|--------------|
| Card Number: |           |              |
| Exp. Date:   | CVC Code: | Billing Zip: |
| Signature:   |           |              |

**Tribute Gifts (optional):**

- In honor of     In memory of

|  |  |
|--|--|
| Honoree Name(s):                             |  |
| Please Notify:                               |  |
| Address for Notification (email or mailing): |  |
| Personal Message (optional):                 |  |

**Maximize your gift!** Check with your employer to see if your gift is eligible for a corporate match.

- My gift is eligible for a match. Company name: \_\_\_\_\_

**Mail completed form to:** Institute for Exceptional Care (IEC), 1717 K Street NW, Suite 900, Washington, DC 20006

**Any questions:** Please contact our Director of Development, Anna Christ, at [achrist@ie-care.org](mailto:achrist@ie-care.org).