



CHAD INDIVIDUAL DONATION FORM

INSTRUCTIONS

Thank you for helping us make a difference in the lives of individuals and families who struggle to help themselves. Gifts to CHAD can be made me made by mail or online.

Gift By MAIL: To use a check or money order, please complete the required information on this form and send it to the following address:

Community Housing Advocacy & Development
 Department of Fundraising & Resource Development
 531 E. Roosevelt Rd., Suite 200
 Wheaton, IL 60187

Gift By CREDIT CARD: To use a credit card, please go to the “How You Can Help” page on the CHAD website at www.chadhousing.org and select the “Support Us” button where you can securely donate online **OR** complete this form, including the billing information section below and return to the address listed above.

DONOR INFORMATION

Donor Name(s)	
Title: (e.g., Mr./Mrs./Ms./Dr./Mr. & Mrs.)	Address
City/State	Zip Code
Personal Email Address	Business Email Address
Phone Number (with area code)	Business Phone Number (with area code)

DONATION LEVEL

Yes, I wish to support the organization. Please select the gift category that you wish to contribute.

- Champion** **\$25-\$100**
- Hero** **\$101-\$250**
- Advocate** **\$251-\$500**
- Dream Builder** **>\$500**

DONATION CONTRIBUTION

One Time Contribution: Enclosed is my personal check/money order in the amount of \$_____

Monthly Contribution of \$_____ per month to be charged to my credit card listed below. I understand that I can modify or cancel authorization for future contributions at any time with written notification to CHAD.

Receipts (check one)

- No receipt is necessary; my cancelled check will serve as my receipt.
- Please send a receipt.

BILLING INFORMATION

Credit Card Type

- VISA MasterCard American Express Discover

Card Number _____ Expiration Date ___/___

Security Code (3 digit code on back of credit card) _____

Name as it appears on the credit card _____

RECOGNITION

CHAD recognizes our donors on our website, in our annual report and in our newsletters. Please indicate your preference for recognition below:

- Yes, please include my/our name(s) as listed in the Donor Information section.
- Yes, but I/we would like the donation to be listed differently for recognition purposes. Please list as follows _____.
- No, This gift is given anonymously and I/we prefer not to be recognized.

COMPANY MATCH

If your company has a Matching Gift Program, request a matching gift form from your human resource department and send it completed and signed with your gift (or a copy of your gift receipt). You may be able to double your impact!

Employee Donation Amount _____ Matching Employer Amount _____

DONOR(S) SIGNATURE & DATE

Signature	Date
Signature	Date

FOR INTERNAL PURPOSES ONLY

Received By	Signature	Date Received

CHAD is a nonprofit organization under 501 (C)(3) of the Internal Revenue Code; therefore your donation is tax deductible to the fullest extent of the law. PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS. CHAD's Federal TAX ID Number is 36-3246645.