

SuperSibs! Donation / Pledge Form

SuperSibs! wishes to thank all the contributors whose generous support will enable us to deliver on our mission - to honor, support and recognize siblings of children diagnosed with cancer. To support **SuperSibs!** important work with a contribution, please complete and return this form:

YES! I am pleased to support SuperSibs! with this tax-deductible contribution!
(Check one or more)

_____ A personal gift of: \$ _____
_____ A corporate gift of: \$ _____
_____ A foundation gift of: \$ _____
Payment : _____ Please find my gift enclosed. OR _____ Please send me an invoice for my gift.
_____ My company will match this contribution. The completed form is attached.
Signature : _____ Date _____

Name : _____
Address : _____
City : _____ **State:** _____ **Zip:** _____
Phone : _____ **E-mail:** _____
Your name as it should appear in acknowledgements from SuperSibs! _____

My gift is:

_____ In honor of _____
_____ In memory of _____
Please notify honoree/designee: ___ yes ___ no
Address of person to be notified (if yes, above):
Name : _____
Address : _____
City : _____ **State:** _____ **Zip:** _____

SuperSibs! is a 501(c)(3) not for profit corporation.

Please mail checks payable to: **Supersibs**
4300 Lincoln Ave, Suite I
Rolling Meadows, IL 60008

Illinois: 847-705-SIBS (7427)
Toll Free: 866-444-SIBS (7427)
Fax: (847) 776-7084
Website: www.supersibs.org

Thank you for your generous support!