



## CHAD CORPORATE 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, 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](http://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.

**For gifts other than monetary donations, please refer to the “Gifts-in-Kind” form**

### DONOR INFORMATION

**Business Name:**

**Contact Name:**

**Title:**

**Address:**

**City/State:**

**Zip Code:**

**Business Phone Number:**

**Business Email Address:**

### DONATION LEVEL

Yes, we wish to support the organization. Please select the gift level that you wish to contribute.

- Champion**      **\$100-\$250**
- Hero**            **\$251- \$500**
- Advocate**       **\$501-\$1,000**
- Dream Builder**   **>\$1,000**

## DONATION CONTRIBUTION

**One Time Contribution:** Enclosed is a check in the amount of \$\_\_\_\_\_.

**Annual Contribution** of \$\_\_\_\_\_ per year to be charged to my credit card listed below

**Quarterly Contribution** of \$\_\_\_\_\_ per quarter to be charged to my credit card listed below

**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; the cancelled check will serve as our 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, our annual report and in our newsletters. Please indicate your preference for recognition below:

- Yes, please include the Business Name 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.

## AUTHORIZED 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.**