



## Donation Form

						Today's Date:			
Name									
Company Name									
Address									
City		State		Zip Code		Country			
Phone		Fax							
E-Mail Address <i>(requested for e-receipt)</i>									
Would you prefer a receipt by mail?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Donation Amount		\$		Target your Donation		<input type="checkbox"/> Unrestricted Gift <input type="checkbox"/> Research Initiatives <input type="checkbox"/> Hands on work for those in need			
<b>Payment Information</b>									
<input type="checkbox"/> Bill my credit card for the above amount					<input type="checkbox"/> Check Enclosed <i>(make checks payable to ICD)</i>				
Card Type		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa		<input type="checkbox"/> AMEX		<input type="checkbox"/> Discover	
Card Number						3-digit code (back of card)			
Expiration Date									
Name on Card									
Address <i>(if different than above)</i>									
City		State		Zip Code		Country			
Signature									
Who are you?		I am (a)		<input type="checkbox"/> Professional Organizer <input type="checkbox"/> CD Individual <input type="checkbox"/> Other _____		<input type="checkbox"/> Related Professional <input type="checkbox"/> Helping a Family Member			
How did you find us?									
Would you like to be on our mailing list?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Additional Comments									

Thank you for supporting the work of the ICD!  
Mail to: ICD – Donations, 1693 S. Hanley, St. Louis, MO 63144