

Elliot Institute Donation and Pledge Form

// I want to be a **Supporting Partner** with a one-time donation of \$_____.

- // The check is enclosed.
- // Charge it to my credit card as shown below.

// I want to be a **Sustaining Partner** with a donation of \$_____ in each of the months circled below.

Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

- // Please mail a reminder at the beginning of the months selected so I can pay by check.
- // Charge it to my credit card as shown below.

// Please charge the donation(s) authorized above to my // Visa // MasterCard // Discover.

Credit Card Number _____ Exp. _____

Name (Please Print) _____

Billing Address _____

Phone Number _____

Authorization Signature _____

Mail to: Elliot Institute
1333 College Parkway #160
Gulf Breeze, FL 32563

Email to: elliotinstitute@gmail.com. **Thank you!**