

# SELECTED EDUCATIONAL TRUST GIFTING FORM

**Thank you for your decision to donate and support the Selected Independent Funeral Homes Educational Trust. Your Contribution will help us underwrite and support activities that promote lifelong learning.**

Please complete this form in its entirety to identify the gifting level you have chosen:

- Named Trust - \$15,000
- Named Grant - \$7,500
- Pyramid Builder - \$5,000
- Patron *Platinum* - \$2,500
- Patron *Gold* - \$1,000
- Patron *Silver* - \$500
- Patron *Sustaining* - \$100
- Planned Giving or Memorial Gift (We will contact you to discuss specifics)
- Living Trust or Endowment (We will contact you to discuss specifics)

## COMPANY INFORMATION

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Primary Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Please identify recognition of the gift name preference for supporting company, group or individual

## PAYMENT INFORMATION

Check *(Please enclose, payable to Selected Educational Trust)*     American Express     Discover     MasterCard     Visa  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC# \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

For Trust, Grant or Pyramid levels, please identify payment schedule (i.e. all at once, or multi-year increments):

## YOUR SIGNATURE BELOW INDICATES THAT YOU ARE AUTHORIZED TO MAKE THIS COMMITMENT ON BEHALF OF THE ORGANIZATION

Print name \_\_\_\_\_ Signature \_\_\_\_\_

*Please make a copy of this form for your records!*

## PLEASE SUBMIT THIS FORM USING ONE OF THE METHODS BELOW:

**email** [robp@selectedtrust.org](mailto:robp@selectedtrust.org)    **fax** 847-236-9968    **mail** 500 Lake Cook Road, Suite 205, Deerfield, IL 60015

*Selected Independent Funeral Homes Educational Trust is a 501(c)(3) nonprofit charitable organization. Your contribution is tax deductible to the extent provided by law.*