

Donation Form

Make a Gift to RESULTS Educational Fund | I'd like to make a one-time gift of: | \$50 | \$75 | \$100 | \$500 | \$1,000 Other personally meaningful amount: \$ ☐ I'd like to make a monthly gift of: ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$500 ☐ \$1,000 Other personally meaningful amount: \$ _____ I'd like to increase my existing monthly gift: from \$ _____ to \$ ____ per month For monthly gifts: You are authorizing a monthly payment from your credit card or bank. Your donation can be changed or cancelled at any time by contacting RESULTS. Would you like your gift to remain anonymous? | Yes | No Is this gift being made in someone's honor or memory? No ☐ In honor of ☐ In memory of If this gift is made in someone's honor or memory, what is the name and contact information of the person you'd like us to notify?

Please complete donation information on reverse

Is there anything you would like us to know about this gift?

| My check is enclosed (Please make check out to RESULTS Educational Fund) | |
|---|---------------|
| ☐ Charge my: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover | |
| Card No. (15 digits for AmEx, 16 digits for all other cards) Exp. Date Code* | Security |
| _ _ _ _ _ _ _ _ _ _ _ | cards, or the |
| Name | |
| Email Phone | |
| Address Apt | |
| City State Zip Code | |
| Signature x | |
| Other Ways to Give | |
| Please contact me about: | |
| Planned Giving and/or including RESULTS Educational Fund in my will. | |
| Matching Gifts through my company. | |
| Please mail this completed form to: RESULTS Attn: Development Department 1101 15th St. NW, Suite 1200 | |

Washington, DC 20005