MEMORIAL DONATION FORM

Breining Research and Education Foundation – A 501(c)(3) tax exempt nonprofit corporation
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SECTION 1. DONOR INFORMATION . Please type or print all of your info rmation clearly.

First Name

Middle Name

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Company Name (if applicable)

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SECTION 2. CREDIT CARD INFORMATION (if donating by credit card): Circle type of card: **VISA** or **MasterCard**

Credit Card Number

Expiration Date

Full Name on Credit Card

Please charge the following to this card (whole dollar amounts only, please): $ **.00**

Donation will appear on your statement as a "Breining Institute" charge. Breining Institute will transfer 100% of the donation to the Foundation.

Authorized Credit Card Signature

SECTION 3. DONATION INFORMATION.

- ❑ Donors of $1,000 or more will receive a plaque of recognition.
- ❑ Donors of $5,000 or more will receive recognition at the BRE Foundation web page (www.breining.edu/BREFoundation.htm).
- ❑ The Donor identified above will be the one recognized on a plaque or the web site. The person identified below w ill be recognized as the recipient of the gift – "This gift is made in memory of . . . ".

Name of person of whom this gift is made .

- ❑ Please make checks payable to "Breining Research and Education Foundation. "

THANK YOU

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