**FAIR ALLOCATION IN RUNWAYS NFP DONATION FORM**

I would like to make a monthly tax deductible donation of:

$25\_\_\_\_\_\_ $50\_\_\_\_\_\_$100\_\_\_\_\_\_other \_\_\_\_\_\_\_\_

I would like to make a one-time tax-deductible donation of:

$500\_\_\_\_\_ $300\_\_\_\_\_ $150\_\_\_\_\_$50\_\_\_\_\_\_ other \_\_\_\_\_\_\_

For monthly donations, we ask that you print this form each month with the check enclosed.

You will automatically be sent an email monthly as a friendly reminder.

Please fill in your account information below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I am enclosing a check (made payable to Fair Allocation in Runways NFP)

\_\_\_\_ I want to charge my credit card:

AMEX Visa MasterCard Discover

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT THIS FORM AND MAIL TO:

Fair Allocation in Runways NFP

PO Box 607812

Chicago, IL  60660

THANK YOU FOR YOUR TAX DEDUCTIBLE DONATION!!!