



Major Gift Initiative Commitment Form

DONOR INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Telephone: _____ Home Telephone: _____

E-mail Address: _____

Please acknowledge: _____

I would prefer that this contribution and/or my name be kept confidential

DONATION

I (we) pledge a total of \$ _____ (minimum of \$25,000) to be paid:

One Time Monthly Quarterly Yearly

Start Date: _____ End Date: _____

Start date ***MUST*** be within 30 days of this signed commitment. Contributions to the OMS Foundation are deemed charitable under section 501 (a) of the Internal Revenue Code as an organization described in Section 501(c)(3). Federal Tax ID is 36-6111168.

METHOD OF PAYMENT

I (we) plan to make this contribution in the form of: Check Credit Card Stock

Please make checks payable to: **OMS Foundation**

Please bill my Credit Card:

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Securities or stocks: Please contact the Interim Executive Director at 847.233.4359 or bgasic@omsfoundation.org for details.

Signature

Date