

Enclosed is my gift of

- \$5,000 \$2,500 \$1,000
 \$500 \$250 \$125
 \$75 \$35 \$_____

This gift is made

- in memory of in honor of

-
- Please recognize this gift anonymously.
 My employer will match my gift.
Required form is enclosed.
 Please send me information about
charitable giving through
estate planning.
 This is an address change.

*Omega Institute is a 501(c)(3) nonprofit organization.
Donations are tax-deductible as allowed by law.*

Your Name _____

Spouse/Partner _____

Address _____

City _____

State _____

Zip _____

Occupation _____

Business Tel. () _____

Home Tel. () _____

E-mail _____

Check or Money Order enclosed, payable to **Omega Institute**

Please charge my gift to Visa MasterCard Discover

Card # _____

Exp. Date _____

Validation code* _____

Name on Card (please print) _____

Cardholder Signature _____

**Credit card payments require the validation code, located in the white box on the back of the card.*