



The Chicago Diabetes Project

GLOBAL COLLABORATION FOR A FASTER CURE

Please fill out the following form to ensure your donation is completed:

Name: _____
Address: _____ City: _____ State: ___ Zip: _____
Country: _____ Telephone: (____) _____ - _____

I would like to make a gift: \$ _____

Do you wish to make this a monthly recurring donation?

CREDIT CARD donations must be made with the following information:

Type of credit card:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on credit card: _____

Card Number: _____

Security Code (3-4 digits on the back of the card): _____

Expiration Date (MM/YY): _____

Signature: _____

Gifts by check or money order should be made payable to "UIF/The Chicago Diabetes Project":

This donation is made in honor/memory of (please specify):

Who should we notify of your contribution?

Name: _____

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

Do you approve having your name published on a donor honor roll?

All gifts are tax deductible, and you will receive a receipt from the University of Illinois Foundation. 100% of your gift is designated to the Chicago Diabetes Project research.

Please submit this form along with your gift to:

Ms. Patricia Wager, CFRE
Office of Advancement
UIC College of Medicine
1747 West Roosevelt Road, 302 WROB
Chicago, IL 60608

THANK YOU FOR SUPPORTING A FUNCTIONAL CURE FOR DIABETES!