



Contributor Information

Last Name _____ First Name _____ MI: _____

Street Address _____ City _____ State _____ Zip _____

Telephone Numbers: Home (_____) _____ Work (_____) _____

Email Address: _____

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

Donations

A one-time donation in the amount of:

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

A repeating donation as follows:

A sum of \$ _____ once every month quarter year, amounting to a total of \$ _____

Matching contributions:

Does your employer match donations? Yes No

Please enclose a signed matching donation form from your employer if applicable.

I wish to join the 1956 Society as follows:

A onetime payment of \$1,956 12 monthly payments of \$163 Four quarterly payments of \$489

This gift is in honor of _____

This gift is in memory of _____

Please send me information about Sister Cities International's Legacy Society, to leave a gift in my estate plans.

Method of Payment

Check enclosed. Please make checks payable to Sister Cities International

Please bill my credit card. Card type: Visa Mastercard American Express Discover

Account number _____ Exp. date _____ CVV _____

Please call 202.347.8630 or email tlloyd@sistercities.org for details.

Please send form and payment to Sister Cities International, 915 15th Street NW, 4th Floor, Washington, DC 20005