

I will donate \$ _____

to the Robert Craig Films Foundation

- MONTHLY DONATION** **ONE-TIME DONATION**
 MULTI-YEAR DONATION for _____ years

Making your donation online saves time and expense, allowing us to do more with every dollar. Please consider donating online at www.robertcraigfilmsfoundation.org/ways-to-give

Full Name(s): _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Home

I WILL PAY WITH A CHECK. *(please ensure checks are payable to Robert Craig Films Fndn)*

I WILL PAY WITH A CREDIT CARD.

Card #: _____ Exp. Date: _____ Visa MC Disc AmEx

CVC #: _____ Name as it appears on card *(please print)*: _____

Billing Address: same as above _____

City: _____ State: _____ Zip: _____

Email *(required)*: _____ @ _____

Your signature: _____ Date: _____

OPTIONAL INFORMATION

- Check this box if you would like to receive our monthly newsletter that highlights the lives your donation has positively impacted.
- I would like information about including the Robert Craig Films Foundation in my estate plans.

Thank you for supporting our mission through your generous contribution.

Robert Craig Films Foundation's Federal Taxpayer I.D. #88-2673586