

ILLINOIS OCCUPATIONAL THERAPY ASSOCIATION

Endowed Scholarship Contribution Form

- ☐ One time gift
☐ Monthly contribution

Date: _____

Contact Information:

Contact Person Name (if different from name listed on card): _____

Company: _____

First and Last Name on Card: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Credit Card Information:

Credit Card Type (Visa, MC, AmEx, Discover): _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

- | | |
|---|---|
| <input type="checkbox"/> \$60 or \$5/mo | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> \$120 or \$10/mo | <input type="checkbox"/> one-time _____ |
| <input type="checkbox"/> \$360 or \$30/mo | <input type="checkbox"/> monthly _____ |
| <input type="checkbox"/> \$1200 or \$100/mo | |
| <input type="checkbox"/> \$2400 or \$200/mo | |
| <input type="checkbox"/> \$4800 or \$400/mo | |

Start Date (for monthly enrollment): _____ End Date (for monthly enrollment): _____

Signature or Called-In: _____

Billing Information (if applicable and if different from contact):

First Name: _____ Last Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Program & Description of Purchase: Donation to be applied to Illinois Occupational Therapy Association

Endowed Scholarship