# Your Support Will Keep Creativity Growing

Destination Imagination, Inc is a 501(c)3 non-profit as designated by the United States Internal Revenue Service.
All donations are tax deductible in the United States.

**Mail to:**
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PO Box 547
Glassboro, NJ 08028

**Fax to:**
856-881-3596

**Questions:**
Email: AskDI@dihq.org

DestinationImagiNation®

## DONATION LEVEL (REQUIRED)

If donating by mail please indicate the amount and method of your donation and return this card.
A tax receipt will be issued to all donors.

☐ **Platinum Level** ($1000 and above)
☐ **Gold Level** ($500 to $999)
☐ **Silver Level** ($300- $499)
☐ **Bronze Level** ($26- $299)
☐ **$25 for 25**

☐ Check the box on the left if you would like your donation to be used for the Endowment Fund, all other donations will be placed in this years operating fund.

## CONTACT INFORMATION (REQUIRED)

Name: _____ Day Phone: _____

Street: _____ Evening Phone: _____

City: _____ State: _____ Email: _____

Zip: _____ Country: _____ FAX: _____

## PAYMENT METHOD (REQUIRED)

Please charge my credit card as indicated below. Payment plans will be notified when credit card is charged.
Please be sure to include your email address.

$ _____ **One Time Pledge**
$ _____ **Charge Quarterly**
$ _____ **Charge Monthly**

Email address for pledge reminder: _____

☐ **Check #** _____
Make checks payable to:
Destination ImagiNation, Inc.
In US Dollars only

**Credit Card:** select one:
☐ **Visa** ☐ **MasterCard**

**Credit Card billing address if different from address above:**

Street: _____

City: _____

State: _____ Zip: _____

Country: _____

Card # _____ Exp. Date (mm/yy) _____

_____
card holder name - must match with billing address information - print or type

_____ _____
card holder signature phone number

## MATCHING GIFT INFORMATION (OPTIONAL)

My gift may be matched by the following company. Please contact me for additional information.

Company Name: _____

Contact Person: _____ Phone Number: _____

Address: _____