



# PRC Partners for Kids

## Gift/Pledge Form for the PRC Partners for Kids Fund for Pediatric Resource Center

I/we would like to support medical and social services to abused and neglected children through the **PRC Partners for Kids Fund for Pediatric Resource Center** (333194) in the Department of Pediatrics with an annual/monthly (circle one) contribution of \$\_\_\_\_\_ to start on the 1st or 15th. (Contributions to be paid over \_\_\_\_\_ years or until I contact the person below to discontinue my giving.)

Name(s): \_\_\_\_\_

Address (Home/Work) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information – please complete

My Check is enclosed, made payable to UIF/Pediatric Resource Center

OR

I wish to donate by credit card (billing address and phone matches above information):

CREDIT CARD:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_



...meeting the medical needs of abused and neglected children.

### Please mail this form to:

Stephanie Johnson  
Executive Director  
Pediatric Resource Center  
530 NE Glen Oak Avenue  
Peoria, Illinois 61637  
phone: 309-624-9595  
email: prcinfo@uic.edu



UNIVERSITY OF ILLINOIS  
COLLEGE OF MEDICINE AT PEORIA

Tracking Code:

## EFT Authorization Form

Yes, I want to save time and money in supporting the University of Illinois through EFT.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

( )

( )

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

I authorize the University of Illinois Foundation to deduct  
From my  checking  savings account until further  
Notice as follows  
(enter one figure):

\$ \_\_\_\_\_ monthly (\$10 minimum) or

\$ \_\_\_\_\_ quarterly (\$25 minimum).

I designate that my gift be used by

\_\_\_\_\_  
College/department/unit

My company, \_\_\_\_\_, will match  
my gift. I enclose my employer's matching gift form indi-  
cating the total amount of my gift.

I enclose a voided, unused check for  
identification of my bank and account numbers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Authorized

**Please complete this form and mail it to:**

**University of Illinois Foundation**

1305 West Green Street, MC-386

Urbana, IL 61801

If you have any questions, please contact our Stewardship Department

Phone: (217) 333-0675

Email: [stewardship@uif.uillinois.edu](mailto:stewardship@uif.uillinois.edu)

## For Your Records

Amount authorized:

\$ \_\_\_\_\_ monthly or

\$ \_\_\_\_\_ quarterly.

The University of Illinois Foundation will receive your gifts on the *15th of each month*. If quarterly, gifts are received on the 15<sup>th</sup> of March/June/September/December.

Your gifts will appear on your bank statement automatically. You will also receive a gift receipt at year-end from the U of I Foundation for your tax purposes.

To change the amount of your gift, please complete a new EFT Authorization Form.

A change of banks requires a new voided check for bank and account identification.

To cancel the EFT authorization, please notify the U of I Foundation, giving 15 days' notice.

To make changes to your gift amount, please contact our Stewardship Department

Phone: (217) 333-0675

Email: [stewardship@uif.uillinois.edu](mailto:stewardship@uif.uillinois.edu)

**University of Illinois Foundation**  
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Urbana, IL 61801