Name: _____

Address _____

City, State, ZIP _____

Phone_____**Email**_____

Please use this form to tell us how you want us to use your contribution to Shimer College. Thank you for your support! Should you have any questions, please contact Isabella Winkler at i.winkler@shimer.edu or 312.235.3545.

I/we wish to make a charitable donation of _____ to Shimer College.

- o I/we designate this gift as unrestricted.
- o I/we wish to restrict this gifts as follows: _____

I/we wish to fulfill this gift as follows:

Date	Amount
_____	_____
_____	_____
_____	_____

□ My/our check is enclosed.

□ Please charge my/our credit card (VISA MC DISCOVER). For your security, please call the office or use our online gift form to submit a payment. Do not email or leave your credit card information on our voice mail.

□ Please send pledge reminders before each scheduled payment date.

□ I/we will give appreciated securities. Please contact Shimer's Development Office for our Morgan Stanley account details.

□ Shimer College is in my will. □ Please provide information about Planned Giving

Please recognize this gift as follows in any published report or materials.

_____

□ I would like my gift to be made anonymously.

□ My gift will be matched by my/my spouse's employer, as follows:

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_____ _____

Signature **Date**

Shimer College does not intend to give tax advice. Please consult a tax advisor. Thank you for your support!