

# SMART LOVE<sup>®</sup>

## FAMILY SERVICES

*Charitable Gift Form*

**YES!** I WISH TO SUPPORT SMART LOVE

PLEASE INDICATE YOUR LEVEL OF CONTRIBUTION: \$ \_\_\_\_\_

PLEASE INDICATE HOW YOU WISH YOUR GIFT TO BE USED:

- SMART LOVE ANNUAL FUND  
 THE NATALIE G. HEINEMAN SMART LOVE PRESCHOOL  
 THE MARTHA HEINEMAN PIEPER, PH.D. AND  
WILLIAM J. PIEPER, M.D. SCHOLARSHIP FUND

PAYMENT METHOD:

- I HAVE ENCLOSED A CHECK PAYABLE TO SMART LOVE FAMILY SERVICES  
 PLEASE CHARGE MY \_\_\_\_\_ MASTERCARD \_\_\_\_\_ VISA

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- I WOULD LIKE TO MAKE A GIFT INVESTMENT BY TRANSFERRING STOCKS  
OR SECURITIES TO SMART LOVE FAMILY SERVICES.

TO DISCUSS HOW, PLEASE CALL CAROLYN STOLPER FRIEDMAN AT  
(773) 665-8052 X 2 OR CAROLYN.FRIEDMAN@SMARTLOVEFAMILY.ORG

CONTACT INFORMATION:

NAME(S) \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RECOGNITION \_\_\_\_\_

*(please print your name as you wish it to appear on recognition materials)*

PLEASE MAIL TO:

SMART LOVE FAMILY SERVICES  
800 W. BUENA AVENUE  
CHICAGO, IL 60613