

I will donate \$_____ to Code Platoon

MONTHLY DONATION ONE-TIME DONATION

MULTI-YEAR DONATION for _____ years

Full Name(s):						
Company/Organization	n:					
Address:						
City:	State:	Zip:				
Phone:	Cell:	Email:				_
I WILL PAY WITH A CREDI	T CARD.					
Card #:	Exp. Date:		Visa	MC	Disc	AmEx
CVC#:						
Name as it appears on	card (<i>please print</i>):					
Billing Address:						
City:	State:	Zip:				
Your Signature:		Date:				

I WILL PAY WITH A CHECK. (Please ensure Checks are payable to Code Platoon)

OPTIONAL INFORMATION

- □ Yes! I wish to have this gift remain anonymous.
- □ Yes! I would like information about including Code Platoon in my estate plans.
- □ Yes! Subscribe me to your electronic newsletter.
- □ Yes! Send me an electronic note on my birthday.
 - Day: _____ Month: _____ Year: _____

Thank you for supporting the mission of Code Platoon. Code Platoon's Federal Taxpayer I.D. #47-2499578

CODE PLATOON 1 S DEARBORN STREET, 20th FLOOR, CHICAGO, IL 60603 CODE PLATOON IS A 501(C)3 NONPROFIT ORGANIZATION. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWABLE BY LAW.