

## **SIEPR Donation and Payment Form**

Name: Title: Company: Address: Address: Address: City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING: Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999) Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$ PAYMENT OPTIONS: Credit card: VISA MasterCard AMEX  Name: (As printed on credit card)  Card number: Expiration Date: SIEPR DONOR LISTING: List me as: (Print desired name) I do not wish to be included on the SIEPR donor list.					
Title: Company: Address: Address: Address: City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999) Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$  PAYMENT OPTIONS:  Check enclosed (made payable to 'SIEPR') Stock transfer Other  Credit card: VISA MasterCard AMEX  Name:  (As printed on credit card)  Card number: Expiration Date:  Your signature for credit card: Date:  SIEPR DONOR LISTING:  List me as: (Print desired name)  I do not wish to be included on the SIEPR donor list.	Please make an	ny corrections to your perso	nal information in th	e space below:	
Title: Company: Address: Address: Address: City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999) Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$  PAYMENT OPTIONS:  Check enclosed (made payable to 'SIEPR') Stock transfer Other  Credit card: VISA MasterCard AMEX  Name:  (As printed on credit card)  Card number: Expiration Date:  Your signature for credit card: Date:  SIEPR DONOR LISTING: List me as: (Print desired name)  I do not wish to be included on the SIEPR donor list.	Namas				
Company: Address: Address: Address: City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999)  Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$					
Address: Address: City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999)  Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$					
Address: City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING: Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999) Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$  PAYMENT OPTIONS: Check enclosed (made payable to 'SIEPR') Stock transfer Other Credit card: VISA MasterCard AMEX  Name: (As printed on credit card)  Card number: Expiration Date: Your signature for credit card: Date: SIEPR DONOR LISTING: List me as: (Print desired name) I do not wish to be included on the SIEPR donor list.	¥ •				
City, State Zip: Phone: Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999) Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$  PAYMENT OPTIONS: Check enclosed (made payable to 'SIEPR') Stock transfer Other Credit card: VISA MasterCard AMEX  Name: (As printed on credit card)  Card number: Expiration Date: Your signature for credit card: Date: SIEPR DONOR LISTING: List me as: (Print desired name) I do not wish to be included on the SIEPR donor list.					
Phone:     Fax:     Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999)  Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$					
Fax: Email:  PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up)   Investor (\$10,000 - \$19,999)   Associate (\$5,000 - \$9,999)   MY DONATION IS \$					
PLEASE SELECT YOUR LEVEL OF GIVING:  Director's Circle (\$50,000 and up) Investor (\$10,000 - \$19,999) Leadership Circle (\$20,000 - \$49,999) Associate (\$5,000 - \$9,999)  MY DONATION IS \$  PAYMENT OPTIONS: Check enclosed (made payable to 'SIEPR') Stock transfer Other Credit card: VISA MasterCard AMEX  Name: (As printed on credit card)  Card number: Expiration Date: Your signature for credit card: Date: SIEPR DONOR LISTING: List me as: (Print desired name) I do not wish to be included on the SIEPR donor list.					
□ Director's Circle (\$50,000 and up) □ Investor (\$10,000 - \$19,999)   □ Leadership Circle (\$20,000 - \$49,999) □ Associate (\$5,000 - \$9,999)   MY DONATION IS \$	Email:				
Leadership Circle (\$20,000 - \$49,999)  Associate (\$5,000 - \$9,999)  MY DONATION IS \$  PAYMENT OPTIONS: Check enclosed (made payable to 'SIEPR')  Stock transfer  Other Credit card: VISA  MasterCard  AMEX  Name: (As printed on credit card)  Card number:  Expiration Date:  Your signature for credit card:  Date:  SIEPR DONOR LISTING: List me as:  (Print desired name)  I do not wish to be included on the SIEPR donor list.	PLEASE SELECT YOUR LEVEL OF GIVING:				
MY DONATION IS \$	Director's Circle	(\$50,000 and up)	Investor	(\$10,000 - \$19,999)	
MY DONATION IS \$	I eadership Circle	•	<del></del>		
PAYMENT OPTIONS:  Check enclosed (made payable to 'SIEPR') Stock transfer Other  Credit card:VISAMasterCardAMEX  Name:	Leadership energ	(ψ20,000 - ψ+2,277)	Associate	(\$3,000 - \$7,777)	
Check enclosed (made payable to 'SIEPR') Stock transfer Other  Credit card:VISAMasterCardAMEX  Name:	MY DONATION IS \$				
Credit card:VISAMasterCardAMEX  Name:	PAYMENT OPTIONS:				
Name:	Check enclosed (made payable to 'SIEPR')  Stock transfer  Other				
Name:					
Card number:Expiration Date:  Your signature for credit card:	Credit card: VISA _	_ MasterCard AMEX			
Card number:Expiration Date:  Your signature for credit card:	Nome				
Card number:Expiration Date:  Your signature for credit card:	Name:	(As printed on cr	edit card)		
Your signature for credit card:		(As primea on cr	ean cara)		
SIEPR DONOR LISTING:  List me as:	Card number:	Expiration Date:			
SIEPR DONOR LISTING:  List me as:					
List me as:	Your signature for credit card:			Date:	
(Print desired name)  I do not wish to be included on the SIEPR donor list.	SIEPR DONOR LISTING:				
(Print desired name)  I do not wish to be included on the SIEPR donor list.	List me as:				
		`	,		
Return form and payment to:	I do not wish to be included	ded on the SIEPR donor list.			
Return form and payment to:					
		Return form and pa	syment to:		

Jane Bessin Director of Development, SIEPR 366 Galvez Street, MC 6015 Stanford, CA 94305

Tel: 650-724-6329 Fax: 650-723-8611 Email: jbessin@stanford.edu

For more information please visit our website at www.siepr.stanford.edu