



# Schweitzer Matching Grant Donor Response Form

We are thrilled to announce that an anonymous local funder has awarded *Health & Medicine* a two year challenge grant for our Chicago Area Schweitzer Program!

## Match Grant Guidelines

- For new donors, the funder will match your contribution dollar for dollar
- For recent donors (who have given in 2008 and/or 2009) the funder will match the dollar increase between last year's gift and your 2010 contribution
- If you make a two year pledge the funder will match your donation for both years
- The funder will match \$25,000 per year (up to \$6,250 per donor per year)

**YES! I wish to make a tax deductible contribution of \_\_\_\_\_ to The Chicago Area Schweitzer Fellows Program to help HMPRG leverage the Matching Fund opportunity!**

I would like my donation to be divided into a recurring payment of \_\_\_\_\_ billed to my credit card

Monthly  Quarterly

**YES! I would like to make my donation NOW for 2010 and 2011 so HMPRG qualifies for match funding for both years**

Please increase my 2011 donation amount to \_\_\_\_\_

I would like my 2011 donation amount to remain the same

**Have Questions? Call Ray Wang at 312.372.4292 extension 24**

**Name** \_\_\_\_\_  
(Please print exactly as you wish to be listed in the Annual Report)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Check enclosed for \$** \_\_\_\_\_

**Please bill my credit card**

\_\_\_\_ Master Card    \_\_\_\_ Visa

**Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Security Code** (on back of card) \_\_\_\_\_

**Signature** \_\_\_\_\_

**If paying by check be sure to write "Chicago Schweitzer Program" on your check and make payable to:**  
**Health & Medicine Policy Research Group**

**Mail checks to:**

**HMPRG**

29 E Madison, Suite 602  
Chicago, Illinois 60602

**Fax form with credit card information to:**  
**312.372.2753**

**Thank you for your support!**