



SIEPR Donation and Payment Form

Please make any corrections to your personal information in the space below:

Name: _____
 Title: _____
 Company: _____
 Address: _____
 Address: _____
 City, State Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

PLEASE SELECT YOUR LEVEL OF GIVING:

- | | | | |
|---|-----------------------|---|---------------------|
| <input type="checkbox"/> Director's Circle | (\$50,000 and up) | <input type="checkbox"/> Associate | (\$5,000 - \$9,999) |
| <input type="checkbox"/> Leadership Circle | (\$20,000 - \$49,999) | <input type="checkbox"/> Friend | (\$1,000 - \$4,999) |
| <input type="checkbox"/> Investor | (\$10,000 - \$19,999) | | |

MY DONATION IS \$ _____

PAYMENT OPTIONS:

- Check enclosed Stock transfer Other _____
- Credit card (Credit card type: VISA ___ MasterCard ___ AMEX ___ Other ___)

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.

Return form and payment 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