



# 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"/> <b>Director's Circle</b> | (\$50,000 and up)     | <input type="checkbox"/> <b>Investor</b>  | (\$10,000 - \$19,999) |
| <input type="checkbox"/> <b>Leadership Circle</b> | (\$20,000 - \$49,999) | <input type="checkbox"/> <b>Associate</b> | (\$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.

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](mailto:jbessin@stanford.edu)

For more information please visit our website at [www.siepr.stanford.edu](http://www.siepr.stanford.edu)