

iBIO Institute Contribution Form

Yes, I wish to support the mission and goals of the iBIO Institute!

Name: _____

Title (if applicable): _____

Organization (if applicable): _____

Address: _____

City, State Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Contribution amount: _____

Check this box to make your donation anonymous

Payment options:

1) _____ I am mailing my contribution; it is enclosed.

2) _____ Invoice me.

3) _____ I would like to give via credit card

Visa MasterCard American Express

Name as it appears on the card _____

Credit Card # _____

Exp. Date _____

Make checks payable to the iBIO Institute.

5) I would like my donation to be applied to the following iBIO Institute Fund (s)
(percentages must add up to 100%):

_____ % Growth Fund

_____ % Opportunity Fund

_____ % Citizens Fund

_____ % Sparks Fund

For more information or questions please contact:

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We will send confirmation of receipt upon for your donation form and payment.

The iBIO Institute is a not-for-profit corporation and is tax-exempt as a public charity under Sections 501(c)(3) and 509 of the Internal Revenue Code. Gifts to the Institute are tax-deductible as provided by law.

Thank you for supporting the iBIO Institute!