

Contribution Form



Greater Springfield Chamber Foundation

For Leadership Springfield Program

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Contribution Information

I (we) wish to make this contribution in the form of: cash check

My (our) contribution should be used for Leadership Springfield's (please check only one):

Scholarship Program

General Program Expenses

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks payable to:

**Greater Springfield Chamber
Foundation**

1011 S. Second St.
Springfield, IL 62704