



CONTRIBUTOR'S FORM

Yes! I want to help the *IGA Institute's Foundation* continue to provide education to its retailers.

Company Name _____

Contact Person _____

Address _____

City, State, and ZIP _____

Phone _____ Fax _____ E-Mail _____

GENERAL LEVELS OF SPONSORSHIP

- Gold (\$300,000- \$699,999) Silver (\$100,000-\$299,999)
 Bronze (\$25,000-\$99,999) Friends (Up to \$24,999)

PAYMENT METHODS (Please select one of the following)

I would like to make a one time contribution of \$_____

I would like to contribute \$_____/month for one year beginning ___/___.

I would like to schedule a payment plan. Please contact me.

Please contact me.

Send your check to:

The IGA Institute Foundation
8745 W Higgins Rd, Ste 350
Chicago, IL 60631-2771

Make your check payable to:

The IGA Institute Foundation