



Donation Form

Donation Levels (Please make one selection)

- Founder \$5,000 + _____
- Advisor \$3,000 + _____
- Langdon Society \$1800 + _____
- Parents Club \$500 + _____
- Dollar a Day \$360 + _____
- Badger Chai Club \$180 + _____
- Other - \$5 minimum _____

Select Gift Frequency (Please make one selection)

- I would like to make a one-time gift for the following amount:

Enter Donation Amount Here:* \$

- I would like to make a recurring gift:

Gift Amount*	# of Payments	Payment Frequency	Total Gift Amount
\$ <input type="text"/>	# <input type="text"/>	<input type="text"/> =	\$ <input type="text"/>

NOTE: Each payment, including the first payment, will be made on day 1 of the month based on the payment frequency you have indicated.

Donor Information (* = required field)

First Name:* _____

Middle Initial:* _____

Last Name:* _____

Email:* _____

Address Line 1:* _____

Address Line 2 _____

City:* _____

State:* _____

Zip:* _____

Phone: _____

Payment Information

Cardholder's Name:* _____

Credit Card Number:* _____

Credit Card Type: _____

Credit Card Expiration: _____

Billing Information

Address Line 1:* _____

Address Line 2: _____

City:* _____

State: * _____

Province: _____

ZIP/Postal Code:* _____

Country: _____

Signature:* _____

Date: _____

Please mail to:

Hillel Foundation University of Wisconsin, Inc
611 Langdon St., Madison, WI 53703