

INDIVIDUAL DONOR PROGRAM

Yes! I'll Help In Hosting Gay Games VII



_____ \$25	Member	_____ \$1,000	Friend
_____ \$75	Promoter	_____ \$2,500	Booster
_____ \$150	Player	_____ \$5,000	Supporter
_____ \$250	Teammate	_____ \$10,000	Captain
_____ \$500	Cheerleader	_____ Other	\$ _____

Please fill this form out completely. A * denotes a required field.

___ Check enclosed ___ Please charge my credit card:
 *Credit Card: Visa ___ MasterCard ___ Discover ___ AMEX ___
 *Card Number: _____
 *Expires: _____ mm _____ yy *Security Code _____
 *Signature: _____

Donations may be paid monthly, quarterly or in annual installments.
Please charge my donations in evenly divided payments as requested below.

___ Monthly (5 payments November 1 thru March 1, 2006)
 ___ Three Payments (Now, January 1 and March 1, 2006)
 ___ Annually (Two payments, one now in 2005, one in January, 2006)

Date: _____
 *Name: _____ and _____
 *E-mail: _____ or _____

*Mailing Address: _____
 *City: _____ *State _____ *Zip: _____

Billing Address (if different): _____
 Billing City: _____ Billing State _____ Billing Zip: _____

*Home Phone: _____
 Work Phone: _____

*How would you like to have your donation listed in public (including a second name)?

Thank you for your support. Please fax this form to: **(773) 433-8014**
 You may also mail your contribution to: Chicago Games, Inc.
 4753 N. Broadway St., Suite 602
 Chicago, IL 60640

*Chicago Games, Inc. is a 501(c)(3) organization.
 All contributions are tax-deductible to the extent allowed by law.*

CGI use: Person soliciting this donation: _____