

Donation Form



1 MAKE A GIFT

I would like to make a gift of: \$1,000 \$5,000 \$10,000 Other \$ _____

2 YOUR INFORMATION

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

3 SELECT WHERE YOUR GIFT WILL GO (please specify the percent of gift allocated for each selection)



- HUMAN GENOMICS _____%
- Genomic Medicine _____%
- Cancer _____%



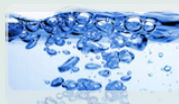
- MICROBIAL & ENVIRONMENTAL GENOMICS _____%
- Global Expeditions _____%
- Microbial & Environmental _____%



- POLICY _____%



- INFECTIOUS DISEASE _____%



- SYNTHETIC BIOLOGY, BIOENERGY & WATER _____%
- Origins of Life/Synthetic Biology _____%
- Microbial Fuel Cells _____%



- EDUCATION _____%



- RESEARCH INNOVATION _____%
- "Zero-carbon" La Jolla Facility _____%
- The Fund for Pioneering Research _____%

- GENERAL RESEARCH _____%
- Other _____%

4 PAYMENT OPTIONS (select either credit card, check, or pay by phone)

- Credit Card** (Circle credit card type): VISA MasterCard American Express

Card Number: _____ Expiration Date: _____ 3 Digit Code: _____

Signature: _____ Effective Date: _____

or

- Check Enclosed** (made payable to J. Craig Venter Institute) or **Pay by Phone** (contact Trudy Frenz at 301-795-7634)

5 FOR MORE INFORMATION

The J. Craig Venter Institute is pleased to offer naming and recognition opportunities. For more information, please visit www.jcvi.org/giving or, contact Selina Hudgins at 858-200-1821.

Or, complete the section below and a development officer will contact you.

I would like to be contacted by:

- Email Phone Best day/time to contact: _____

6 SUBMIT FORM

Print, fill-out and mail this form to:

J. Craig Venter Institute
Accounting/Finance
9704 Medical Center Drive
Rockville, MD 20850

Or fax to: 301-838-0218

A tax receipt for the total year's contribution will be sent in January of the next calendar year.