

Donation Form



1 MAKE A GIFT

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





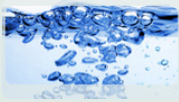

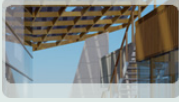
2 YOUR INFORMATION

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

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

 <input type="checkbox"/> HUMAN GENOMICS _____% <input type="checkbox"/> Genomic Medicine _____% <input type="checkbox"/> Cancer _____%	 <input type="checkbox"/> MICROBIAL & ENVIRONMENTAL GENOMICS _____% <input type="checkbox"/> Global Expeditions _____% <input type="checkbox"/> Microbial & Environmental _____%	 <input type="checkbox"/> POLICY _____%
 <input type="checkbox"/> INFECTIOUS DISEASE _____%	 <input type="checkbox"/> SYNTHETIC BIOLOGY, BIOENERGY & WATER _____% <input type="checkbox"/> Origins of Life/Synthetic Biology _____% <input type="checkbox"/> Microbial Fuel Cells _____%	 <input type="checkbox"/> EDUCATION _____%
 <input type="checkbox"/> RESEARCH INNOVATION _____% <input type="checkbox"/> "Zero-carbon" La Jolla Facility _____% <input type="checkbox"/> The Fund for Pioneering Research _____%	<input type="checkbox"/> GENERAL RESEARCH _____% <input type="checkbox"/> 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 John Evey at 858-200-1862.

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: 301-795-7052

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