

Check Donation Form

Please make checks payable to *The Lundquist Institute* and mail with this completed form to:

The Lundquist Institute
Attn: Development
1124 West Carson Street, MRL 4th Fl
Torrance, CA 90502

Donor Contact Information *(please provide at least one form of contact information)*

Full Name(s): _____
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

Donation Information

Amount: \$ _____ Check Date: _____ Check #: _____
Designate My Gift To: ☐ Where it's needed most ☐ Other: _____

Tribute Information

This Gift Is In: ☐ Honor of ☐ Memory of
Tribute Name: _____
Send a Tribute Notification Via *(optional - please select one)*: ☐ Mail ☐ Email
Send Notification To (Name): _____
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____

Additional Information

- ☐ I would like this gift to remain anonymous.
☐ I would like to learn about including The Lundquist Institute in my will or estate plan.

Comments

Signature: _____ Date: _____

Thank you for your support!

The Lundquist Institute respects donor privacy – we will never share or sell your data.