

Gift Information

Gift Designation:

- Grainger Foundation Frontiers of Engineering
 Other: _____

Additional Instructions: _____

One-time gift amount: \$ _____

Make a monthly gift of: \$ _____

Your monthly recurring gift will be charged on the 15th of each month

Donor Name(s): _____

Gift Details (if applicable):

My gift is in memory of: _____

My gift is in honor of: _____

Matching Gifts: My gift will be matched by: _____

Please assist us by including the corporation or foundation's matching gift form when mailing in your gift.

Estate Gifts: I would like to learn more about planned giving opportunities.

I have included a gift to *Frontiers of Engineering* in my estate plans.

Billing Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Postal Code: _____ Country: _____

Phone Number: _____ E-mail: _____

Payment Information

Check made payable to *Frontiers of Engineering* is enclosed.

Charge my credit card: Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: Mo. _____ / Yr. _____

Please mail this completed form and your payment to: Frontiers of Engineering
Office of Development
P.O. Box 936138
Atlanta, GA 31193-6135

Your gift to FOE is tax deductible in accordance with IRS regulations.

(form updated May 2022)