

**CONTACT INFORMATION** 



## THE MASONRY FOUNDATION CONTRIBUTION FORM

First Name:		Last Nam	e:	
Title:				
Company:				
				Zip:
		Email:		
CONTRIBU	TE			
I would like to contribu	ute to The Masonry Foundat	ion. Pledges can be paid ov	er a 5-year time frame. P	lease accept my donation:
□ \$25,000.00	□ \$15,000.00	□ \$10,000.00	□ \$5,000.00	□ \$3,000.00
□ \$100.00	□ \$500.00	□ \$100.00	□ Other	
☐ I would like to 5 ann	nual payments			
METHOD O	F PAYMENT			
□ Visa □ Ma	terCard   American Express   Check (Make checks payable to The Masonry Foundation)			
☐ Please contact me	for payment information.			
Card Number:		Expira	ation Date:	CVV2/CVC2:
Signature:	nature: Date:			
•	tion is a 501(c)(3) organizati g charitable tax deductions.	on and all contributions are t	ax deductible. Please con	sult with your accountant or
RETURN T	0			

The Masonry Foundation works on projects to benefit the masonry industry including high quality education, in-depth research and overall promotion of the industry. Visit **www.masonryfoundation.org** for additional information.

The Masonry Foundation, 1481 Merchant Drive, Algonquin, IL 60102



Fax to: 224-678-9714