

Please return your completed form to the Metropolis Office: Metropolis of Chicago 555 E. Butterfield Road, Suite 201 Lombard, Illinois 60148

COMMITMENT LEVELS

| My/Our commitment to th | | /ISION FUND will □ \$500 | | Y gift of: □ An ANNUAL gift of: \$100 □ \$ Other Amount |
|--|-------------|---------------------------------|------------|---|
| □ I/We are interested in o the CAPITAL & SPECI | | pport | | interested in opportunities to support POLIS OF CHICAGO FOUNDATION |
| DONOR INFORMATION | | | | |
| Your Name(s) | | | Phone | |
| Address | | | Email | |
| City | State | Zip | Parish | |
| DONOR RECOGNITION | | PAYMENT I | NFORMATION | Give Online at chicago.goarch.o |
| I/We would like the following persons recognition for this donation: | to be given | \Box Check | □ ACH | □ Credit Card |
| □ The Donor(s) as stated in above Do | | | | |
| □ I wish for my name to remain anon | ymous | Name as it appears on | card | |
| □ In Memory Of □ Other | | Credit Card Number | | If ACH, Account Number |
| Please specify | | Expiration Date | CCV | If ACH, Routing Number |

10% of all contributions to the Metropolis Vision Fund will be directed to our philanthropic initiatives and the Mustard Seed Fund.

The Greek Orthodox Metropolis of Chicago is a public charity organized under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions made to the Metropolis pursuant to IRC Section 170. The Metropolis' EIN is 20-4208942.