



# 2020 Annual Fund

## OMSFIRE Donor

### 5-year Recurring Gift Commitment

OMSFIRE Recognition Level	Annual Gift	Monthly Gift (credit card only)	Total Gift (over 5 years)	Recognition Gift
Platinum	\$20,000	N/A	\$100,000	OMSFIRE lapel pin
Gold	\$10,000	\$833.33	\$50,000	OMSFIRE lapel pin
Silver	\$5,000	\$416.67	\$25,000	OMSFIRE tie/scarf
Bronze	\$2,500	\$208.33	\$12,500	OMSFIRE conference ribbon

Begin my OMSFIRE 5-year Commitment on: \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ \$20,000/year Platinum    \_\_\_\_\_ \$10,000/year Gold    \_\_\_\_\_ \$5,000/year Silver    \_\_\_\_\_ \$2,500/year Bronze

Please charge my credit card:  American Express     Discover     MasterCard     Visa

Monthly amount: \$ \_\_\_\_\_ OR Annual amount: \$ \_\_\_\_\_

Name on card \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Please invoice me (Silver/Gold Annual Donors Only) (*Checks are payable to the OMS Foundation.*)

Attribute this gift as follows (donor name(s)): \_\_\_\_\_

**Tribute gifts**

I'd like to make my gift: In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

Please notify the family (name) \_\_\_\_\_

Address of family \_\_\_\_\_

\_\_\_\_\_



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