



YES, I/We want to support ongoing science education programs at The Franklin Institute **by joining The Innovators with a gift of \$300.** (all but \$150 is tax deductible)

- I wish to receive benefits (membership card, event invitations, etc.) associated with the category selected.
- I wish to waive benefits and receive full tax-deductibility for this gift.

PAYMENT METHOD Please select one of the following options.

- A check, for the full amount made payable to The Franklin Institute, is enclosed.
- Please charge my contribution of \$_____ to the credit card provided below.
- I/We agree to complete this gift over multiple payments using the credit card provided below.
First payment charged upon receipt. Subsequent payments will be charged on the last business day of the month.

OTHER INFORMATION

- My employer, _____, will match this gift; forms enclosed or to be submitted online.
- I am interested in including The Franklin Institute in my estate plans. Please contact me about joining the Benjamin Franklin Legacy Society.

DONOR INFORMATION Please acknowledge this gift to the following donor.

Name: _____
Address: _____
Email: _____ Phone: _____

RECOGNITION INFORMATION Please indicate your recognition preference for this gift.

Recognition for the above gift includes annual report and other materials related to this program.

- I/We wish to be recognized by The Franklin Institute.
- I/We wish to remain anonymous.

Please print your recognition preference on the line above

CREDIT CARD INFORMATION Please select frequency of payments and provide credit card information below.

- 1 payment (\$300 once)
- 2 payments (\$150 bi-annually)
- 4 payments (\$75 quarterly)
- 12 payments (\$25 monthly)

Credit Card Number# _____ Exp. Date _____

Signature: _____ Today's Date _____

Please print and return this form to:

The Franklin Institute, Development Department
222 North 20th St, Philadelphia, PA 19103

or email to:
Innovators@fi.edu (NEVER email credit card info)