



**INNOVATION FUND**

Please print and complete the form below. Enclose your contribution and mail to:

IFES  
Attn: Innovation Fund  
1850 K Street, NW  
Fifth Floor  
Washington, DC 20006

Please accept my contribution of:

\$50                       \$100                       \$250                       \$ \_\_\_\_\_

*IFES is a 501(c)(3) nonprofit organization. Contributions are tax-deductible to the fullest extent permitted by law.*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Designation (*if applicable*): \_\_\_\_\_

If paying by credit card, please fill out the following information. Please be sure you have given us your exact billing address above and your name as it appears on your card.

IFES accepts:

American Express                       Mastercard                       Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_