



Clinton Presidential Center Donation Form

I would like to make a gift to the Clinton Presidential Center in the amount of \$ _____

ABOUT YOUR GIFT

General Support/Greatest Need

I'd like to designate my gift to: _____

DONOR INFORMATION

Select One: Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone Type: Home Mobile

Employer Name (if applicable): _____

My employer or my spouse's employer will match my gift

PAYMENT INFORMATION

I have enclosed my check made payable to the Clinton Foundation

Please charge my credit card: MasterCard Visa American Express Discover

Credit Card No.: _____ Security Code _____ Expiration Date _____ /

Name of Cardholder (for corporate cards, please include company name): _____

Billing Address (if different from above): _____

City: _____ State: _____ ZIP: _____

WHERE TO SEND YOUR GIFT

Please complete this form and mail with your payment to:

Clinton Presidential Center, 1200 President Clinton Avenue, Little Rock, AR 72201

If you have any questions, or for more information about gifts of stock or wire transfers, please contact us at cpc-memberships@clintonfoundation.org.