



International Institute St. Louis
Donation Form

Where would you like your donation to go?

- I would like my gift to go where it's most needed
- Year-End Appeal
- IISTL Board Member
- IICDC Board Member
- Young Friends Membership

What type of gift would you like to make? Gift amount: _____

- One-time gift
- Monthly recurring gift

I would like my gift to support: _____

Is this gift a tribute?

- Yes

Donor Information

- This is a personal gift
- This is from my business/organization

Business or organization name: _____

Contact name: _____

Donor Name (first and last): _____

Street Address: _____

Address Line 2: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country:** _____

Email: _____

Connect
Engage
Build