DONATION form

CONTACT INFORMATION

\Box Mr.	\Box Mrs.	\Box Ms.	🗆 Dr.	\Box Other:			
First Name:				Last Name:			
Address:							
				State:	Zip Code:		
Home Phone	2:			Cell Phone:			
Email:							

□ Yes, I wish to receive additional electronic communication from Creative Education Institute! (*Please be sure to include your email address.*)

DONATION INFORMATION

 Producer - \$10,000 (Cost of one video - multiples welcome!) Script Writer - \$7,500 	I						
 □ Creative Director - \$5,000 □ Graphic Designer - \$3,000 □ Talent Scout - \$1,000 □ Actor - \$750 □ Best Boy - \$500 □ Best Girl - \$500 	DONATE OMLINE at www.cei4learning.org						
□ Other: \$							
BILLING INFORMATION							
□ Check (please make payable to Creative Education Institute) #	:						
□ Visa □ Mastercard □ American Express Card #: *3-digit code on the back of your Visa, Mastercard or Discover;	□ Discover Exp. Date: / CCV*: 4-digit code on the front of your American Express.						
Billing Address (<i>if different</i>):							

DOUBLE YOUR GIFT TO HELP CREATE MORE VIDEOS

Yes, my employer offers a matching gift program!
 Enclosed is the matching gift form for Creative Education Institute to complete and return to my employer.

ALL DONATIONS ARE TAX DEDUCTIBLE.

Send completed forms with payment to: Creative Education Institute | 120 North Main Street | Chagrin Falls, OH 44022 Phone: (440) 914-0200 | Fax: (440) 542-1504 | www.cei4learning.org

Creative Education Ustitute

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