



## ORDER FORM FOR PURCHASING A TILE

Please mail your gift to:  
**University of Illinois  
School of Social Work  
1010 W. Nevada Street  
Urbana, IL 61801**



Please print the information requested below:

**NAME(S)** \_\_\_\_\_  
\_\_\_\_\_

**THIS IS A JOINT GIFT WITH MY:**    **SPOUSE**    **PARTNER**

\_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_   **ZIP** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**PHONE** \_\_\_\_\_

Due to the artist's special design for the wall, we regret that we are unable to take donor requests for a particular tile.



Please use the following name(s) for our tile


Example:

R	o	s	e	m	a	r	y												
J	o	h	n	s	o	n													
M	S	W	'	9	5	B	S	W	'	9	3								

Gift total: \$ \_\_\_\_\_

**Tile cost is \$300.00.** Please consider adding to 2.5% to your credit card gift as this amount is assessed by the company and therefore deducted from your gift for the School. You will receive full tax deductible credit regardless of whether you add this amount or not.

Payment Method:

- CHECK** (Payable to the University of Illinois Foundation)
- CREDIT CARD** (Check box below)
  - VISA**                       **DISCOVER**
  - MASTERCARD**             **AMERICAN EXPRESS**

**CARD NUMBER** \_\_\_\_\_

**EXP. DATE** \_\_\_\_\_   **CID NUMBER\*** \_\_\_\_\_

**NAME** \_\_\_\_\_  
(as it appears on card – please print)

**BILLING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

\* 3 or 4 digit number on the back of the card next to the authorization signature