



**Bloomington
Office**

1108 Trinity Lane
Bloomington, IL 61704
Phone: 309-663-7692

**Lombard
Office**

100 22nd St, Suite 102
Lombard, IL 60148
Phone: 309-846-8882

**Springfield
Office**

217 E. Monroe, Unit 95
Springfield, IL 62701

ilsoy@ilsoy.org
ilsoy.org

Illinois Soybean Foundation Donation Form

First Name: _____ Last Name: _____

Mailing Address

Street Address: _____ City: _____

State: _____ Zipcode: _____ Country: _____

Telephone Number: _____ Email Address: _____

Donation Amount

☐ \$1,000.00

☐ \$500.00

☐ \$250.00

☐ \$100.00

☐ Other Amount:

Your support, no matter how small or large, enables ISA to continue to uphold the interests of Illinois Soybean Producers.

OPTIONAL:

☐ What is most needed!

☐ Market Development

☐ Soybean Production

☐ Government Relations

☐ ISA Agronomy Farm

☐ Soy Innovation Center

☐ Learning opportunities, one-on-one support, and other technical resources for Illinois Soybean Producers

☐ Please contact me to discuss a different or more specific designation.



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- ☐ My company has an employee matching gift program.

Please request a matching gift form from your company, complete the employee section, and email or mail it to:

Suellen Burns
Director of Illinois Soybean Foundation
100 W 22nd Street, Suite 102
Lombard, IL 60148
suellen.burns@ilsoy.org

- ☐ Please acknowledge this gift as jointly from my spouse/partner and myself -or- from my family.

Spouse/Partner First + Last Name: _____

Family Name: _____

- ☐ My gift is in honor of or a tribute to:

Name of Honoree: _____

Address: _____

If you would like ISA to let the honoree or their family know about this special gift

- ☐ When recognizing donors publicly, please list this gift as Anonymous.

Illinois Soybean Foundation Communication Preference

- ☐ Yes, I would like to receive updates and communications
- ☐ No, thank you.



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CREDIT CARD AUTHORIZATION

BILLING INFORMATION

Card Number: _____

Expiration Date: ____/____/____

CODE ON BACK OF CARD: _____

Company, Group, or Organization: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Card Holder Phone Number: () _____ - _____

Charge Authorized Amount: \$ _____

Card Holder Signature: _____

Card Holder Name (Print): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature: _____ Date: _____