



Contribution Form

- **Enclosed is my check payable to Santa Fe Institute**

\$1,000 \$250 \$50
 \$500 \$100 Other: _____

- **Please charge my gift to my Visa, MasterCard or American Express credit card. *Please fill out form below.***

CARD HOLDER NAME

CREDIT CARD NUMBER

EXP. DATE

3-DIGIT NUMBER ON THE BACK OF CARD

ZIP CODE OF BILLING ADDRESS

AMOUNT TO CHARGE

SIGNATURE

- **Please designate my gift to:**

Unrestricted Funding **Other:** _____

- **Please provide your information or enclose a business card with the information below**

TITLE & FULL NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL