

## Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_

Phone (evening): \_\_\_\_\_

Check membership category:

- Nursing Home Resident (\$5)
- Individual (\$30)
- Sustaining Member (\$31-\$99)
- Patron (\$100-\$250)
- Angel (\$251-499)
- Benefactor (\$500 +) Benefactors receive recognition on our website.

Call us for information about making a gift memorializing or honoring a person or group.

Check here if you are mailing a check.

Please make checks payable to Illinois Citizens for Better Care

Mail checks to Illinois Citizens for Better Care

401 S. LaSalle St., Suite 1400

Chicago, IL 60605