Delnor Health Care Foundation Donation Form

I want to support Delnor's mission to provide excellence in health care and to promote lifelong wellness in the communities it serves with a tax-deductible gift of:

❑ $50 ❑ $100 ❑ $500 ❑ $1,000 ❑ Other $ _____

Please designate my/our gift to support:

❑ Delnor Health Care Foundation – _____

❑ Delnor Glen Senior Living Endowment

❑ LivingWell Cancer Resource Center

_____

Your name as you would like it to appear in recognitions

This gift is made (please circle one): In Honor/Memory of: _____

Please provide us with the name and address of the person for us to notify of your gift:

_____

Please send acknowledgement to:

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

❑ Check (made payable to Delnor Health Care Foundation) ❑ Visa ❑ MasterCard ❑ American Express

_____

Cardholder's Name

_____

Card Number Expiration Date

_____

Signature Date

Please contact me/us about: ❑ Matching gift opportunities ❑ Giving through my estate

❑ I/we have included Delnor Health Care Foundation in my/our will.

Mail or Fax to:

Delnor Health Care Foundation
300 Randall Road, Geneva, Illinois 60134
Phone: 630-208-3896 Fax: 630-208-3478

Contributions to Delnor Health Care Foundation are tax deductible to the extent provided by law.