

# Thanks for Giving!

**Please fill out the information below and mail this form along with your check, if applicable, to:**

Midwest Palliative & Hospice CareCenter  
Attention: Philanthropy Department  
2050 Claire Court  
Glenview, IL 60025

The amount of my (our) gift is:  \$1,000     \$250     \$50     Other \_\_\_\_\_  
 \$500     \$100     \$25

This donation is a recurring gift. Monthly/quarterly. *(Circle one.)*

I (we) would like to make the gift by:

Check *(Please make payable to Midwest Palliative & Hospice CareCenter.)*

MasterCard     Visa     Discover     Diners Club     American Express

Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please keep my gift anonymous.

My company will match my gift, so I have enclosed a matching gift form.

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**Your Name(s)** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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**This Gift Is:**     *In Honor of*    or     *In Memory of*    \_\_\_\_\_

*Learn more about honoring a loved one by visiting our website—[www.carecenter.org](http://www.carecenter.org) (click ...Giving Opportunities/Honor a Loved One).*

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**Please send notification of my gift to:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip, Country *(if not USA)* \_\_\_\_\_

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*For more information, call (800) 331-5484 or visit our website—[www.carecenter.org](http://www.carecenter.org).*