



Donation Form

Please accept my contribution to Friedman Place of

___ \$25 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 ___ other

- Check enclosed.
- Please charge my
 - Mastercard
 - VISA

Number: _____ Expiration date: _____

Name on card: _____ Signature: _____

- My contribution is given in honor of _____
Please send an acknowledgment card to the following address: _____

- My contribution is given in memory of _____
- I am considering a bequest to the new facility. Please have a board member contact me.
- I know of someone who might benefit from living at the new home. Please contact me.
- I am interested in having a representative speak to my group about Friedman Place.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Thank you! All contributions are tax-deductible to the extent allowed by law.

Please mail this form to Friedman Place, 5527 N. Maplewood, Chicago, IL 60625