

**Give a gift to**  
**Community Family Center, Inc. 580 Roger Williams Ave, Highland Park, IL 60035**  
*Please print a copy and complete the information below*

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As an investment in the Community Family Center, Inc.'s goal of creating a state-of-the-art, integrated service center to meet the needs of families in Highland Park and Highwood, and in consideration of the gifts of others, I want to give a gift to the Community Family Center. Enclosed is my donation for \$ \_\_\_\_\_

I am an  individual,  business,  foundation

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

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My check is enclosed (Payable to **Community Family Center, Inc.**)

I would like to make this a  monthly  quarterly gift.

Please charge my credit card \$ \_\_\_\_\_ until further notice.

Please charge my  Visa  MasterCard.

Card Number \_\_\_\_\_ # Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Name on credit card \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Day time phone \_\_\_\_\_

Publish my name \_\_\_\_\_

Do not publish my name  I/we wish to remain anonymous.

Check if your employer is matching this gift.

Other donor acknowledgment options:

In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

Send acknowledgement to:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

*Please make checks payable to **Community Family Center, Inc.** Your gift is tax deductible as provided by law. Donation are acknowledged by mail. Mail to 580 Roger Williams Highland Park, IL 60035*