

**Community Services Foundation  
Donate by Mail Form**



**Please print this page and mail to:**

Community Services Foundation  
Attn: Charley Smith  
6775 Prosperi Dr.  
Tinley Park, IL 60477

I would like to make a donation to Community Services Foundation to improve the care and comfort for people with disabilities.

Donation Amount: \$ \_\_\_\_\_

Designation:

\_\_\_\_\_ Charleston Transitional Facility      \_\_\_\_\_ Southwest Community Services, Inc.

Gift in memory of: \_\_\_\_\_

Gift in honor of: \_\_\_\_\_

Please list this gift anonymously. \_\_\_\_\_

**Instructions:** Please fill in your name and address to ensure correct preparation of your receipt for tax purposes.

Date: \_\_\_\_\_

Salutation: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

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

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

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

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

Telephone: \_\_\_\_\_

**Employer Matching**

My employer has a matching gift program: \_\_\_\_\_

Employer name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Please send me information about making a planned gift. \_\_\_\_\_

**Check or Credit Card Information**

Please make checks payable to **Community Services Foundation**. If you wish to use a credit card, please complete the information below and mail in this form to the address listed at the top of page 1.

Name on Card: \_\_\_\_\_

Card Type (circle one): Visa    MasterCard    American Express    Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**We thank you for your support. Your donation is tax deductible.**