

**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.