



MAIL-IN DONATION FORM

A. Yes! I would like to help **The Caring Outreach in one of the following ways:**

- I would like to make a financial contribution to help support **The Caring Outreach**
- I would like to recognize someone with a donation

B. Indicate how you would like your donation to be recognized: (disregard section B if making a general donation)

- In Memory of _____
- In Honor of _____
- In Appreciation of _____

Send notice of my contribution to:

Name: _____ Address: _____
City/State: _____ Zip: _____

C. Donation Amount: _____

- Check enclosed (please do not send cash, make checks payable to **The Caring Outreach**)
- Please contact me. I have other options I would like to share with you.

Donor Name: _____ Address: _____
City/State: _____ Zip: _____
Phone: (____) _____ Email: _____

Thank you for your donation! Please mail it to:

The Caring Outreach
2500 Sheridan Road #256 - Zion, Illinois 60099

Questions? Call us at 847 336-6270