



Donation Form

Please accept my donation, check enclosed, totaling \$_____

Please bill me monthly for \$_____, to be paid by the 30th of each month.

Please bill me quarterly for \$_____, to be paid by March 31st, June 30th, September 30th, and December 31st.

OR

Please charge my _____MasterCard _____VISA _____AmEx \$ _____ monthly, to be charged on the 30th of each month.

Please charge my _____MasterCard _____VISA _____AmEx \$ _____ quarterly, to be charged on March 31st, June 30th, September 30th and December 31st, respectively.

Name _____

Address _____

City, State Zip _____

Evening Phone _____ **Daytime Phone** _____

Credit Card # _____ **Expiration Date** _____

Signature _____

Email Address _____

Please contact me regarding a transfer of Stock _____

Please contact me regarding a transfer of Real Estate _____

Please contact me regarding a letter of intent for a Bequest in my Will _____

Please make your checks payable to:

NCCHC Foundation

1145 W. Diversey Parkway

Chicago, IL 60614

773-880-1460

www.ncchc.org/foundation