



Donation Form

Enclosed is my gift to support the health and well-being of adults with visual impairments.

\$1,000 \$500 \$250 \$100 \$50 Other \$_____

Name (as it should appear in our publications)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check is enclosed payable to Friedman Place

Charge my: ___ Visa ___ Mastercard ___ Discover ___ Am Ex

Card No. _____

Exp. Date _____ Signature _____

This gift is made: In honor of In memory of Yahrzeit for

Please notify the following individual of this gift:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

I'd like to distribute my gift throughout the year. Please charge \$_____ (amount)

monthly or quarterly to the credit card listed above.

I want my gift to be anonymous

Please mail this form to: **Friedman Place**

Attn: Development
5527 N. Maplewood
Chicago, IL 60625

Or fax to: **773.989.4889**

Attn: Development

Friedman Place is a not-for-profit 501(c)3 Illinois corporation.

All contributions are tax-deductible to the extent allowed by Federal and State tax regulations.