



Please print this form, fill it out completely, and mail or fax it to Lake County CaregiverNet, 1313 Calamus Lane, Grayslake, IL 60030. Your donation is greatly appreciated by the people we serve, our staff, and our Board.

Yes, I want to help tie together the lives of people (Family, Friends, Neighbors) in the community by linking you with resources, support, and each other. When we support family caregivers, they are able to provide better care to their family members, friends, and neighbors.

- I have enclosed a gift of \$ _____.
- I pledge a gift of \$ _____ and I will complete pledge payment by this date: _____.
- Please send me pledge installment reminders weekly monthly quarterly.

Total gift / pledge amount: \$ _____

Your Name(s) _____

Organization (for group donation) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

This is a special donation in...

- Celebration of (birthday, anniversary, promotion, service, graduation, recovery, etc.)**

Event: _____

- Honor of** **Memory of**

Name (s): _____

Please notify the following person(s) that I have made this gift:

Name(s) _____

Mailing Address: _____

City _____ State _____ Zip _____

The Lake County CaregiverNet is a nonprofit organization, registered as a 501(c)(3) with the Internal Revenue Service. Your gift is tax deductible to the extent of the law. Copies of our IRS Form 990 may be obtained by contacting our office at 847-596-8226.