

**CONTRIBUTION RESPONSE FORM**

**YES, I (WE) WANT TO SUPPORT AGING CARE CONNECTIONS**

- \$2,500- \$4,999
- \$1,000 - \$2,499
- \$501 - \$999
- \$500
- \$250 - \$499
- \$100 - \$249
- \$50 - \$99
- \$1 - \$49

Please accept the enclosed gift of \$ \_\_\_\_\_ for the work of **Aging Care Connections**

Please accept the enclosed gift of \$ \_\_\_\_\_

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

*I (we) would like the following notified of the gift:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DONOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

*Check may be made payable to the **Aging Care Connections**.  
All gifts are tax-deductible. Thank you for your support!*

**Please mail your gift along with this form to:**

**AGING CARE CONNECTIONS  
Attn: Development Office  
111 West Harris Avenue  
La Grange, IL 60525**

Online