



CENTER FOR ENRICHED LIVING



DONATION FORM

YES! I want to help people with developmental disabilities transform their lives and their communities. Please choose one of the giving options listed below.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

OPTION 1 Enclosed is my ONE TIME GIFT of:

__ \$500 __ \$250 __ \$100 __ \$50 __ Other \$ _____

I've enclosed my check payable to the Center for Enriched Living

I'd like to make a gift by debit or credit card. (information provided below)

__ Mastercard __ Visa __ Discover __ American Express

Card Number _____ Exp. Date _____

Signature _____ Date _____

Your gifts are tax-deductible to the full extent allowed by law. Authorization to charge your credit card or transfer your monthly pledge from your bank account shall remain in effect until you notify CEL, at least 10 days in advance of the charge date that you want to end this agreement.

OPTION 2 Enclosed is my MONTHLY GIFT of:

__ \$10 __ \$30 __ \$50 __ Other \$ _____

Please process my payment on _____ 1st of the month _____ 15th of the month

AUTOMATIC MONTHLY BANK TRANSFER
I authorize my bank to transfer my gift amount to CEL on the 1st of each month. I've enclosed a voided check from the account I wish to use.

Signature _____ Date _____

DEBIT/CREDIT CARD
I authorize CEL to charge my credit or debit card each month.
__ Mastercard __ Visa __ Discover __ American Express

Card Number _____ Exp. Date _____

Signature _____ Date _____

PAY TO: The Center for Enriched Living
280 Saunders Road, Riverwood, IL 60015-3835