



CENTER FOR  
ENRICHED  
LIVING



# TRIBUTE DONATION FORM

**YES!** I want to help people with developmental disabilities transform their lives and their communities with my commemorative gift.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

## GIFT DETAIL

\_\_ \$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.*

## TRIBUTE DETAIL

**I would like to make my gift**

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

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

**PLEASE NOTIFY:\***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

*\*The size of your gift is not included in the notification card.*

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