

# I would like to say *“Thank You”*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## Enclosed is my donation of:

\$1,000    \$500    \$250    \$100

\$50    \$25    Other

\$ \_\_\_\_\_

## Please use my gift for...

Area of Greatest Need

Patient Assistance Fund

## Payment method:

Enclosed is a check  
(Please make checks payable to JourneyCare Foundation)

Please charge my credit card  
(fill out card information below)

### CREDIT CARD INFORMATION:

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature

## I would like my gift to honor...

Please provide the name of the care team and/or individual(s) you wish to recognize.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Share your story on the reverse side of this form >

I would like to receive communication from JourneyCare via:  Email    Regular mail

Please send me information about how I can include JourneyCare in my estate planning.

Please complete both sides of this form  
and return it to:

JourneyCare Foundation  
Grateful Family & Friends  
2050 Claire Court  
Glenview, IL 60025

*Grateful*  
Family & Friends

JourneyCare  
FOUNDATION 

