



Please print this form, fill it out completely, and mail or fax it to CareSmart Illinois, 3139 N. Augusta Drive, Wadsworth, IL 60083. Your donation is appreciated by our Board, our staff, and most importantly, by the people we serve.

Yes, I want to help CareSmart Illinois provide educational services to older adults, adults with disabilities, and their caregivers.

- 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.
- I would like to have a confidential conversation about leaving a gift to CareSmart Illinois in my will or through a gift or life insurance, trust, or annuity.

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 _____

CareSmart Illinois 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.