

I would like to say *"Thank You"*



Grateful
Family & Friends

Name

Address

City/State/Zip

E-Mail

Phone

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)

Name on credit card

Credit Card #

Exp. Date

Signature

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

☐ I would like to receive communication from JourneyCare via: ☐ e-mail ☐ Regular mail

I would like to make this gift in honor of... *Please provide the name of the Care Team or individual(s) you wish to recognize.*

Share a message... *We will ensure this "thank you" is shared with the team or individual you are honoring.*

Please complete this form and return it to:
JourneyCare Foundation - Grateful Family & Friends
405 Lake Zurich Road, Barrington, Illinois 60010

*Thank you for the privilege of allowing us to care for your loved one
and offering us the opportunity to make a difference in the community.*