



wellness place
cancer education and support

**Yes! I wish to contribute to Wellness Place,
cancer education and support.**

Enclosed is my **tax-deductible donation** in the amount of: \$ _____

- General donation Children/Teen Programs Women's Programs
 Tribute donation (indicate below) Men's Programs Stress Management Therapies

In honor of: _____ In memory of: _____

Name _____ Email _____

Address _____ City/State/Zip _____

Telephone _____

Please send notice of my contribution to:

Name _____

Address _____ City/State/Zip _____

A check for entire amount enclosed.

A check for \$ _____ enclosed.

Balance will be paid: Quarterly Monthly Other _____

I wish to pay by:

Visa MasterCard American Express Discover

Card Number _____ Expiration _____ 3-digit code on backside _____

Signature _____

Bill entire amount Bill card monthly Bill card quarterly

Completed matching gift form enclosed I wish to remain anonymous

Mail form to:

Wellness Place • 1619 W. Colonial Pkwy, Palatine, IL 60067 • 847.221.2400 • WellnessPlace.org