

DONATION FORM

Yes, I want to give a helping hand:

Enclosed is my gift of, \$ _____

Yes, I'd like a regular donation plan. \$ _____ (per year)

Yes, I'm interested in discussing another program.

Please contact me at (_____) _____ - _____.

Name: _____

Address: _____

Please mail or bring in your donation with this Form to:

BARB CITY MANOR
680 Haish Blvd.
DeKalb, IL 60115
(815) 756-8444 (PHONE)
(815) 756-8446 (FAX)
