



Your gift to Wellness House makes a difference in the lives of people diagnosed with cancer. Thank you.

Select Gift Amount: \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ Other \_\_\_\_\_

Billing Information:

Title: \_\_\_\_\_
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_
Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_
Street 1: \_\_\_\_\_
Street 2: \_\_\_\_\_
City: \_\_\_\_\_
State/ Province: \_\_\_\_\_
Zip/ Postal Code: \_\_\_\_\_
Country: \_\_\_\_\_
Email Address: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to receive communications from Wellness House.

Additional Information:

\_\_\_\_\_ Yes, I would like to make this donation anonymously.

\_\_\_\_\_ Yes, this is a tribute or memorial gift.

It is: In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

\_\_\_\_\_ Please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Payment Information:

\_\_\_\_\_ My check made payable to "Wellness House" is enclosed

\_\_\_\_\_ Please charge my credit card

\_\_\_\_\_ Visa \_\_\_\_\_ Discover

\_\_\_\_\_ AmEx \_\_\_\_\_ MasterCard

Credit Card Number: \_\_\_\_\_

CVV Numbr (3 digit security code): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please mail form and payment information to: Wellness House • 131 N. County Line Road • Hinsdale, IL 60521

You may also make a donation online at www.wellnesshouse.org or contact us directly at (630) 323-5150.