Charitable Gift Form

Yes! I want to help Norwood Life Care Foundation continue its mission of caring for older adults:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: (day) _____ (evening) _____

Email address: _____

Please direct my gift of $_____ to the following:

☐ Norwood Crossing ☐ Bethesda Rehab & Senior Care ☐ Norwood Seniors Network

My gift is ☐ one time or ☐ monthly (to be charged on the first of each month)

☐ My check is enclosed.

☐ Please charge my ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

_____ _____ _____
Card number Security code Expiration date

_____ _____
Signature Date

My gift is in memory of: _____ Relationship: _____

Please notify the following person/family member(s) of the gift:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

☐ Please send me additional information on Charitable Giving Plans.

☐ I have remembered Norwood Life Care Foundation in my estate plan.

☐ Please send me information on Norwood Crossing.

☐ Please send me information on Norwood Seniors Network.

When considering charitable giving, you should talk with your tax, legal or financial advisor.
Norwood Life Care Foundation does not provide legal, tax or other professional advisory services.

Please print and send this form to:
Jennifer Sigmond, Philanthropy Officer, Norwood Life Care Foundation
Fax: 773-631-4850 or Mail: 6016-20 N. Nina Ave., Chicago, IL 60631 or Email: jsigmond@norwoodlifecare.org