



DONATION FORM

Please print, complete this form, mail with your check to HLAA Chicago North Shore Chapter, Post Office Box 406,
Glenview, Illinois 60025

MY DONATION

\$25 **\$50** **\$100** **\$200** **\$250** **Other** _____

DONOR INFORMATION

NAME

ADDRESS

CITY/STATE/ZIP

E-MAIL

PHONE

GIFT TYPE

This Donation is made:

In Honor of _____ In memory of _____

Please send notification of this donation to:

Name

Address

City/State/Zip