



Founded as Joliet Area
Community Hospice

Lightways Hospice and Serious Illness Care Printable Donation Form

This donation is given (Please choose one)

- In memory of _____
- In honor of _____

Given by: _____

Address _____

City _____ ST _____ ZIP _____

Email _____

Phone with area code () _____

Type of Donation General Donation Honorarium Memorial Annual Appeal

Other _____

Donation Amount: _____ Check Cash Credit card

Credit card number: _____

expiration date: _____ 3 digit code _____

Please notify this person of my gift (Without specifying the amount): _____

Address: _____ City _____ ST _____ ZIP _____

Phone number with area code: () _____

Matching Gift Yes No Company Name _____

Many employers match gifts made by their employees, multiplying the impact of your gift. Please enter name and information if you or your spouse's company has a matching gift program.

Company Phone with area code: () _____

Name of company contact: _____

Mail or drop this form and donation to:
Lightways Hospice and Serious Illness Care
250 Water Stone Circle Joliet, IL 60431 Attn: Development

Thank you for your generosity
All gifts are tax deductible to the extent the law allows.