



Donation Form

Yes! I would like to support PCC Community Wellness Center, through the PCC Foundation, by contributing:

\$50 \$100 \$500 \$1,000 Other _____

I am paying by check (please make checks payable to the PCC Foundation)

Please charge my credit card: Visa MasterCard American Express Discover

Name

Address

City

State

Zip Code

Phone

E-Mail

For credit card donations, please fill out the following information in full:

Name as appears on card

Account Number

Exp. Date

Security Code

Signature *(required)*

**Please mail the completed form and payment to
PCC's Development Department at 14 Lake Street, Oak Park, IL 60302**

PCC is a nonprofit 501(c)(3) organization. All donations are tax deductible to the extent allowed by law. For more information about our services, please visit us online at www.pccwellness.org.

Thank you for supporting PCC Community Wellness Center.