



P.O. Box 575  
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Voice  
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### Donation Form

Name/Company Name: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Chamber of Commerce Member? (circle one) Yes No

Check one:

Cash                       Product                       Service

Maximum cash value of donation: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Expiration Date - or -  Valid Dates: From: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YY                      MM/DD/YY

No Restrictions for redemption - or -  Restrictions for redemption – describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please do not write below line – vouchers redeemed:

**Please send completed form via fax (847-368-5981) or e-mail  
([arlingtoncares@arlingtoncaresnfp.org](mailto:arlingtoncares@arlingtoncaresnfp.org))**