



OAK PARK RIVER FOREST

Infant Welfare Society

Children's Clinic • Portable Dentistry • Health Education

Donation Form

Your donation provides a medical home for children in need of healthcare in our community. With your gift, the IWS Children's Clinic will provide medical, dental, and behavioral health services for over 3,500 kids this year.

Name _____

Address _____

City, State Zip _____

Phone _____

Email _____

Please accept my gift of \$ _____

Enclosed is a check payable to OPRF Infant Welfare Society

Please charge my credit card with a one-time payment of \$ _____

Or 4 quarterly payments of \$ _____ (4 equal payments)

Or 12 monthly payments of \$ _____ (12 equal payments)

Card: Visa MasterCard Discover American Express

Name on card _____

Account # _____

Expiration Date _____

Signature (required) _____

I would like my donation to go towards:

General Donation Mary Anderson Empowering Tomorrow Fund

In Honor or in Memory *(please fill out information below)*

This gift is made *(select one)* in memory of: in honor of:

Name: _____

Send acknowledgement to: _____

Address: _____

Please return form to OPRF Infant Welfare Society, Attn: Kristin Schmidt, 28 Madison St, Oak Park, IL 60302

Thank you for your tax deductible donation to Oak Park River Forest Infant Welfare Society.

Questions? Please contact Kristin Schmidt at kschmidt@oprfiws.org or 708-406-8661.