

res! I w	ouia like	to suppor	rt PCC Co	mmunity Wel	iness Cen	iter by conti	ributing:	
O \$50	O \$100	O \$500	O \$1000	O Other				
O <sub>I am J</sub>	paying by	check (ple	ase make c	hecks payable t	o PCC Co	mmunity We	ellness Center)	
Please ch	narge my c	redit card	: O Visa	○ <sub>Master</sub> Card	$\bigcirc_{Ameri}$	can Express	O Discover	
Name								
Address								
City				State	Zip			
Phone		E-mail						
For cred	it card doı	nations, pl	ease fill ou	t the following i	nformatio	n in full:		
Name as a	appears on	card						
Account I	Number			Exp. I	Date	Security Co	ode	
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 <a href="https://www.pccwellness.org">www.pccwellness.org</a>.

Thank you for supporting PCC Community Wellness Center.