



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, 320 Lake 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](mailto:kschmidt@oprfiws.org) or 708-406-8661.