# THE COMMUNITY FOUNDATION OF WILL COUNTY



NAME		
ADDRESS		
CITY		
STATE		
DAYTIME PHONE		
E-MAIL ADDRESS		
I would like	6- u- u	
to make a dif	rerence.	回送別報
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PAYMENT INFORMATION  Enclosed is my check for Make check payable to Community Foundation of Please Charge to my  American Express	\$ f Will County \$ Visa	
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Donate online at willcountycf.org

SIGNATURE

## Thank you for your generosity! Donor Options

## Will County Community Foundation Funds

These unrestricted funds allow the greatest flexibility for operations and response to where the greatest needs exist

	Human Services	Cultural Arts
	Health	Education
Field-of-Interest Funds Building a source of funds to support targeted sectors of work		
0	Grant Making Endo Supports current operations	owment Fund and response to changing needs
0	Operating Endown Supports current operations a	nent Fund and response to changing needs
$\bigcirc$	Supports current operations	and response to changing needs

#### **Donor Advised Fund**

(Specify)

### **New Funds**

$\bigcirc$	Please contact me to discuss establishing
	a new fund to support a specific cause,
	purpose or organization.

- Please contact me to discuss establishing my own personal Donor Advised Fund.
- Please contact me to discuss establishing a new fund at a future time through a bequest.

Questions? Please Call 815.201.3700

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