

Donation Form for The Rehabilitation Foundation of IPMR

Please complete and mail this form with your payment to:

Director of Development
Rehabilitation Foundation of IPMR
6501 N. Sheridan Rd.
Peoria IL 61614

Checks payable to : **Rehabilitation Foundation of IPMR**

You may also make your donation by phone at 309-692-8120 ext 694.

Name _____

Organization _____

Address _____

City, State ZIP _____

Daytime Phone _____

E-mail (optional) _____

Total gift amount \$ _____

If you wish to direct your gift to special needs, please indicate:

Unrestricted \$ _____

Senior Programs \$ _____

Endowment \$ _____

Complete this section for Memorial or Honorary Gifts

This is a Memorial or Honorary Gift in recognition of (name) _____ .

Your gift assists the Institute of Physical Medicine and Rehabilitation in its mission to improve function and quality of life. What a beautiful way to honor the life of the person you have designated! We do not disclose the amount of your gift.

Send acknowledgement to:

Name _____

Address _____

City, State ZIP _____

Your gift is tax deductible as allowed by law. The Rehabilitation Foundation of IPMR is a not-for-profit organization. Please remember The Rehabilitation Foundation of IPMR in your will or estate planning.



Thank you. We appreciate your support.