

# memorials

Here is my/our gift to help the Edward Foundation provide the best health care available in our community.

\$25     \$50     \$100     Other \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

My gift is a  Memorial  Honor gift

Please print the name of the person in whose name this gift is being given and the name and address of the person for us to notify of your kindness:

Name for memorial \_\_\_\_\_

Who to notify \_\_\_\_\_

Address \_\_\_\_\_

My check made payable to Edward Foundation is enclosed.

or

Please bill my  Visa  Master Card  American Express

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (usually on back of card) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Mail to:

Edward Foundation  
801 S. Washington Street  
Naperville, IL 60540

Phone: (630) 527-3954  
Fax: (630) 527-3960

**EDWARD**  
FOUNDATION

*Contributions are tax deductible to the extent provided by law.*