



Donation Form

Yes, I would like to financially support seniors in central Illinois through Dreams for Seniors Charity.

Your Name _____

Home Address _____

Daytime Phone _____

I will contribute \$_____, through a:

- One-time cash gift via check or money order.
- Three year pledge, with semi-annual or annual installments.

Please make your check payable to **Dreams for Seniors Charity**
and return your gift, with this pledge form, to the following address:

Dreams for Senior Charity
c/o Home Health Care Plus, Inc.
Attention: Debbie Davison
514 Court Street
Pekin, IL 61554

I/We wish my/our name(s) to be listed on the Dreams for Seniors website as follows:

I/We wish to be listed as "Anonymous."

I would like to find out more about Dreams for Seniors and my giving options.

Please call me at (_____) _____

I would like Dreams for Seniors Charity to send information to my home address noted above.

Thank you. Through your donation, you have made a major impact on recognizing and appreciating seniors in our community.

Dreams for Senior Charity
514 Court Street, Pekin, IL 61554
Phone: 309-353-7300
Web: www.DreamsForSeniorsCharity.org