

GIVING FORM

You can share in our commitment to empower individuals, families, and communities to improve their quality of life and to influence public policy through the design and implementation of innovative, efficient, effective, and accountable behavioral health, social service, education, and economic development programs.



A subsidiary of **Friend Health**

When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Human Resources Development **Foundation**. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone (_____) _____ Email _____

If you would like to receive newsletters, mailings, or additional information about HRDI services, please check this box.

GIFT INFORMATION

I would like to make a: Donation
 Anonymous Donation
 Memorial Gift
 Honor Gift

In Memory/Honor of: _____

Please process my first gift on: ____/____/____(mm/dd/yyyy)

Please apply my gift as follows:

As a: General
 One-time Gift
 Monthly Gift
 Annual Gift

On the: 1st of the month
 15th of the month

Substance Abuse Programs
 Mental Health Programs
 Youth Prevention/Services
 HIV/Community Health
 Gambling
 Intellectual/Development Disabilities Programs
 Capital Improvement


In the amount of: (\$5.00 minimum, U.S.)
 \$5.00 \$25.00
 \$10.00 \$50.00
 \$15.00 \$100.00
 \$20.00 \$_____ Other Amount

The Dr. C. Vincent Bakeman Endowment Fund
 The Frank Juzang Jr. Endowment Fund
 Dr. Terra Thomas & Dr. Ollie M Knight Endowment
 Friend Health/Primary Healthcare

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. **OR**

My credit card information is listed below for gift. Please transfer my gift from my credit card. 

Credit Card Number _____ Expiration Date ____ / ____

Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.hrdi.org or by contacting HRDI, a subsidiary of Friend Health. All donations provided to Human Resources Development Foundation comply with U.S. Law.

Signature _____ Date _____
(Required)

Please make a copy of this form for your records, or you may also request a copy from:

340 E. 51st Street, Chicago, IL 60615 • (312) 441-9009 • www.hrdi.org