

**The Ben Gordon Center Foundation's  
Spring fund raising event  
Friday, April 9, 2010 at St. Mary's of Sycamore Memorial Hall  
Donor Form**

**Donor Information – PLEASE COMPLETE**

Contact Name (please print) \_\_\_\_\_

Sponsor Name (as it should be listed in publicity)  
\_\_\_\_\_

Address  
\_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Fax \_\_\_\_\_

**Yes, count me in! I'd like to donate. (Please return by March 10 for Program listing)**

<input type="checkbox"/>	<b>Merchandise</b> <i>Item:</i> _____ <i>Value:</i> _____ <i>Item Description:</i> _____
<input type="checkbox"/>	<b>Gift Certificate or Service Certificate</b> <i>For:</i> _____ <i>Value:</i> _____ <i>Special Restrictions:</i> _____ <i>Expires:</i> _____
<input type="checkbox"/>	<b>Monetary Gift</b> <i>My check is enclosed for</i> _____

- I will mail/deliver my donation to Ben Gordon Center, 12 Health Services Drive, DeKalb by \_\_\_\_\_
- Have someone contact me about picking up my donation.
- Enclosed is \$ \_\_\_\_\_ for \_\_\_\_\_ tickets for the event.

**Deadline: March 10, 2010**

Return this form to: Barbara Stagner  
Ben Gordon Center  
12 Health Services Drive  
DeKalb, IL 60115

PH: 815-756-4875 ext. 201  
email: [bgcbs@bengordoncenter.org](mailto:bgcbs@bengordoncenter.org)  
Fax: 815-756-2944