

To Make a Monthly Gift to IMPACT Center for Independent Living

Your cash gift strengthens our ability to assist people with disabilities to live independently. You may wish to make a monthly pledge. You can change or cancel your monthly contribution at any time. Print this form and mail it to IMPACT CIL with your check, made payable to IMPACT CIL.

I pledge \$_____ each month.

_____ Enclosed is my first month's contribution.

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: () _____ (Circle or highlight one) Voice TTY FAX

E-Mail: _____

**I would like to receive the following information:
(Check the ones you want)**

____ Newsletters

____ Event and Workshop Announcements

____ Advocacy Updates

Please fill out this coupon and mail, with your donation, to:

IMPACT CIL
2735 E. Broadway
Alton, IL 62002

Thank you for your support of IMPACT CIL!