



# Center for Speech and Language Disorders

## Donation Form

Name: \_\_\_\_\_  
As you wish it to appear on our Donor list

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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This gift is:

\_\_\_\_\_ in honor of \_\_\_\_\_

\_\_\_\_\_ in memory of \_\_\_\_\_

Please provide notification about my gift to the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to Center for Speech and Language Disorders.

Please charge my credit card: (Visa or Mastercard)

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to:  
310-D S. Main Street  
Lombard, IL 60148

Or donate directly on-line at:  
[www.csld.org/support](http://www.csld.org/support)