

When you give to CSS, you are helping people with intellectual/developmental disabilities achieve their highest level of independence, support and happiness. You will be happy to know that 86% of our expenses are dedicated to our programs.



YOUR CONTACT INFORMATION

Name: _____ Phone: _____
Address: _____ City: _____
City: _____ Zip: _____
Email Address: _____

YOUR CONTRIBUTION INFORMATION

Check/Money Order Amount Enclosed \$ _____

Credit Card (select type) Master Card® Visa® Discover® American Express®

Credit Card #: _____ Expiration: _____

Name: _____ CVV Number: _____

Which programs are of most interest to you?

- Respite
- CSS Academy Programs
- Adult and Residential Services
- Supported Employment

Please mail donations to:
Community Support Services
9021 Ogden Avenue
Brookfield, IL 60513

My donation is in **Memory** of:

Individual's Name: _____

Send gift notification to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

My donation is in **Honor** of:

Individual's Name: _____

Send gift notification to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____