



WHERE CRISIS BECOMES  
*Opportunity*

If you prefer not to donate online, please complete this form and deliver to: NORTHWEST COMPASS  
Attn: Partnership & Development  
1300 W. Northwest Highway  
Mount Prospect, IL 60056

**DONOR INFORMATION** *(Please complete the following)*

Name of Donor(s) \_\_\_\_\_  
This gift is on behalf of an organization *(if applicable)* \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  Home  Work  Cell  
eMail \_\_\_\_\_

**GIFT DETAILS** *(Please do NOT send cash through the mail. Make checks payable to Northwest Compass, Inc.)*

Enclosed is my gift of  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_  
Payment Method  Check Enclosed  Cash Enclosed  Credit Card  
Card Type  Visa  MasterCard  Discover  American Express  
Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Please direct my gift to  Housing  Food Connection  Legacy Corps  HYPE  Coordinated Entry  
 General  Other \_\_\_\_\_

Does your employer match your gifts? *If so, please include your Matching Gift Form.*

**TRIBUTE GIFTS** *(Optional)*

Occasion \_\_\_\_\_ *(Please select only one below)*  
 In Memory Of \_\_\_\_\_  In Honor Of \_\_\_\_\_  
Relationship to Honoree \_\_\_\_\_

**GIFT NOTIFICATION** *(If you would like us to notify someone of your thoughtful gift, please provide the following)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Please sign the card from \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT OF NORTHWEST COMPASS.** Questions? Please Contact Us At +1 847 392 2344.