



## Donation to SCIL

**SCIL**

**SPRINGFIELD CENTER FOR  
Independent Living**

\$\_\_\_\_\_ **Donation**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone (H)** \_\_\_\_\_

**(W)** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Advocacy Alert Call List:** may we add your phone number and/or e-mail address to receive important information from SCIL?

(circle one) **YES** **NO**

**How do you prefer to receive information from SCIL?**

(circle one) **large print** **braille** **other:** \_\_\_\_\_

**SCIL donations are tax deductible.**

**Questions: please call SCIL @ (217)523-2587 v/tty**