RML SPECIALTY HOSPITAL

Making a Donation

Thank you for making a donation to RML Specialty Hospital. Your contributions help us improve the quality of life for our patients.

Please complete the information below.

PERSONAL INFORMATION		
Name:		
Address:		
City:	**State:**	**Zip:**
Home Phone:	**Mobile Phone:**	**Work Phone:**
E-mail Address:		

PAYMENT

☐ **Check (made payable to RML Specialty Hospital)** **Amount of Donation: $**_____

Mail this completed form and your check to the address below.

TRIBUTE GIFT

If you are making a tribute gift, please indicate the occasion or reason for your gift: _____

Notification Name: _____ Notification Address: _____

☐ **Visa** ☐ **MasterCard** **Amount of Donation: $**_____

Account #: _____ **Expiration Date:** _____/_____

Signature: _____ **Name on Card:** _____

Complete this form and return it by *one* of the following methods:

- Mail to:
  RML Specialty Hospital
  5601 South County Line Road
  Hinsdale, IL 60521
  Attn: Jennifer Price
- E-mail to JPrice@rmlspecialtyhospital.org
- Fax to 630.286.4482 (ATTN: Jennifer Price)

☐ I would like more information about including RML in my estate planning.

RML Specialty Hospital is a not-for-profit 501(c)3 organization. All gifts to RML Specialty Hospital are tax deductible to the full extent of the law.