

UCARE, Inc.

Donor Information:

Name _____
Address _____
City _____ State _____
Zip Code _____
Telephone _____
E-Mail _____

I would like to donate the sum of \$_____. Please apply my donation to:

“Stipendiat” Scholarship fund (\$1000 per year)

Summer Camp Sponsor (\$100 per camper)

Medical needs (surgery, hospital stay, prosthetics, medications)

Supplies for orphanages (shoes, clothing, school supplies, toiletries)

General fund (where need is greatest)



I am not able to donate at this time, please keep me on your mailing list



I am interested in volunteering, please contact me by _____

Please mail this form to:

UCARE, Inc.
6123 Hidden Oak Drive
Crystal Lake, IL 60012