SUPPORT THE
BARRINGTON AREA COUNCIL ON AGING, INC.

Please accept my contribution of: (Please make checks payable to BACOA)

❑ **Partners Circle of Care** $25,000 and above
❑ **Benefactor** $10,000-$24,999
❑ **Patron** $5,000-$9,999
❑ **Platinum Partner** $2,500-$4,999
❑ **Gold Partner** $1,000-$2,499
❑ **Silver Partne**r $500-$999
❑ **Bronze Partner** $250-$499
❑ **Partner** $100-$249
❑ **Friend** Below $100

You may also charge your contribution.

Exp. Date_____ Amount $_____

_____ _____ *I agree to pay the total amount according to card issuer agreement.*
Signature Date

The enclosed gift is in **Honor/Memory of:** _____
(Circle One) Name

Please send an acknowledgement letter to:_____
Name Address

If you are employed by or retired from a company with a matching gift program, you may be able to double or triple your gift. Contact your company's personnel or community relations office for information. Your gift is tax deductible as provided by law.

Name_____
(Last) (First) (Spouse)

Organization/Business _____

Address _____ City/Town_____

Township_____ State _____ ZIP_____ Phone _____

If you live in the Barrington area, please indicate your village of residence below:
❑ Barrington ❑ Barrington Hills ❑ Lake Barrington ❑ N. Barrington ❑ S. Barrington ❑ Deer Park ❑ Tower Lakes

How did you hear about us? _____

_____

Comments:_____

_____

_____

❑ Please send me information about including BACOA in my estate planning.
❑ Would you like to receive e-mail updates from BACOA? If so, please include your e-mail address._____

Please return to: Barrington Area Council on Aging
6000 Garlands Lane, Suite 100
Barrington, IL 60010

Thank you for your support!