



*Thank you for supporting
the Barrington Area Council on Aging*

Name _____

Organization/Business _____

Address _____ City _____

State _____ ZIP _____ Phone _____

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

You may also charge your contribution.

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Card type _____ Exp. Date _____

Amount \$ _____ CVV _____

I agree to pay the total amount according to card issuer agreement

Signature Date

- This is a one-time gift
- I would like to make this a recurring donation: **Monthly/Quarterly.**

BACOA’s Navigator’s Circle monthly giving program helps you to budget for charitable giving and helps BACOA by saving valuable staff time and money. Pledge today or find out more at <https://www.bacoa.org/donate/monthly-giving/>

The enclosed gift is in **Honor/Memory** of: _____
Name Address

Please send an acknowledgment letter to: _____

How did you hear about BACOA? _____

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 office for information.

- Please contact me about including BACOA in my estate planning
- I would like to receive BACOA’s newsletter. My email address: _____

BACOA is a registered 501 (c) (3). Your gift is tax-deductible as provided by law.

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