



PROVIDENCE LIFE SERVICES

REMEMBRANCE IS MORE THAN SENTIMENT

In Loving Memory of |

In Celebration of...

The | Anniversary of |

The | Birthday of |

Other *(please specify)* |

Enclosed is my gift of | \$

to support the ministry of Providence Life Services.

Your Name *(first & last)* |

Address |

City |

State |

Zip |

PROVIDENCE LIFE SERVICES WILL NOTIFY A PERSON THAT A GIFT IS RECEIVED

The person to notify of your gift is |

Address |

City |

State |

Zip |

Please check to see if my employer is a matching gift company.

My employer is |

YOUR TAX DEDUCTIBLE GIFTS EASE THE FINANCIAL BURDEN OF QUALITY CHRISTIAN CARE

Thank you for your thoughtful generosity in support of this ministry

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