



SPONSORSHIP COMMITMENT

Imagine your child or any child struggling in school because of a learning challenge and being unable to get the help they need. Imagine a child whose anxiety is so profound that he or she cannot function. Imagine a child or individual who cannot manage their clinical depression resulting from the death of parent or other family member. Imagine that you are the parent of this child who needs help, but you cannot afford that help. Now imagine the joy you will experience from knowing that you made a singular and specific difference in the life of this child and family.

Donations are tax deductible to the full extent of the law. Contact us for more information: Matthew Radzinski, Director of Development, (847) 232-4060 or info@portraithealthfoundation.org

Donor Information

Donor Name _____
Address _____
City/St/Zip _____
Telephone _____
Email _____
Website _____

Check Box if information above can be used on our sponsorship page

Payment Information

Donation Amount *Please make checks payable to the Portrait Health Foundation*
\$ _____ Check Enclosed Credit Card
Credit Card # _____ Exp Date _____
Security Code _____
Signature _____

Contact Information

All completed commitments can be mailed, emailed, or faxed to:

PORTRAIT HEALTH FOUNDATION
175 E Hawthorn Parkway, Ste 235
Vernon Hills, IL 60061
Fax: (847) 859-5885

Questions or comments?

Matthew Radzinski , *Director of Development*
(847) 232-4060 – info@portraithealthfoundation.org

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