

Donation Form



Trilogy, Inc., founded in 1971, is a private not-for-profit behavioral healthcare organization with more than 40 years of experience serving people with serious mental illness in the Chicago community of Rogers Park and its surrounding areas. Trilogy's mission is *to assist people in their recovery from serious mental illness by helping them discover and reclaim their own capabilities and life direction.*

Central to the philosophy of all Trilogy services is a belief in the possibility of long-term recovery from mental illness and mental illness with co-occurring substance use issues. We operate under the assumption that people can and do make good choices for them-

selves when offered accurate information, a wide array of recovery options, acceptance, and support. Our services are designed to maximize individuals' independence, self-sufficiency, and quality of life, by helping people identify their own strengths, talents and interests and to develop their own wellness recovery plans.

Trilogy is a registered 501(c)(3) organization and all donations are tax deductible to the extent allowed by law.

Thank you for your donation!

Please Tear-Off Form and Mail In With Donation

Trilogy, Inc.

Attn: Development Department
1400 West Greenleaf Ave.
Chicago, Illinois 60626

Phone: 773.382.4048
Fax: 773.262.4841
E-mail: Rmcmahon@trilogyinc.org

Name _____

Address _____

Phone _____

Method of Payment:

Check Payable to Trilogy, Inc.

Mastercard

Visa

Discover

Credit Card # _____ Exp. date _____

Signature _____

I Would Like To Make A Gift At The Following Level:

- | | |
|---|------------|
| <input type="checkbox"/> Trilogy Benefactor | \$1,000.00 |
| <input type="checkbox"/> Trilogy Patron | \$500.00 |
| <input type="checkbox"/> Trilogy Friend | \$250.00 |
| <input type="checkbox"/> Trilogy Supporter | \$100.00 |
| <input type="checkbox"/> Trilogy Advocate | \$50.00 |

I Would Like To Make A Contribution As:

A Gift In Memory Of: _____

A Gift In Honor Of: _____