

# *Care to Share*

## Order Form

**Care to Share is a fundraising gift card program where a percentage of your order benefits Renz Addiction Counseling Center... and all you pay is the face value of the gift card.**

**For a list of participating retailers or to order online, visit [www.RenzCenter.org](http://www.RenzCenter.org).**

Program rules and guidelines:

- A. All gift cards must be accompanied by a check, money order, charge card number made payable to Renz Addiction Counseling Center. PLEASE DO NOT SEND CASH! Gift cards are not tax deductible because you receive dollar for dollar value.
- B. If your check is returned because of non-sufficient funds (NSF), you will be charged \$20 fee payable to Renz Center. After two NSF checks are tendered on your account, your ordering privileges will be limited to money order only.
- C. *Care to Share* purchases are on your behalf, and are NOT RETURNABLE.
- D. Orders can be picked up in the Marketing Department, and should be checked for accuracy. Your signature on the Order Pickup List indicates you have received your order in its entirety. In the unlikely event you should find a discrepancy in your order, please contact Care to Share Program Coordinator Meghan Nelson, 847-742-3545, ext. 246, within 7 days.
- E. All gift cards are the same as cash, and should be handled accordingly. Renz Center will not be responsible for any cards that are lost, stolen or misplaced while in your possession.

I have read and understand the policies and guidelines listed above, and I agree to abide by these policies.

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Name

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Date

For more information, call  
Meghan Nelson  
(847) 742-3545 ext 246  
[mnelson@renzcenter.org](mailto:mnelson@renzcenter.org)

# Care to Share

## Order Information

1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2

Product	Price	%	Qty	Total Price
Total Cost				\$

3

### Payment Options:

- Check (*Make checks payable to Renz Center*)
- Money Order
- Charge (\$25 minimum order) Visa or MasterCard (*circle one*)

\_\_\_\_\_

Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

3 Digit CVV  
(see back of card)

\_\_\_\_\_

Zip Code  
(associated  
with card billing)

\_\_\_\_\_

Signature

**Return completed order form to:** Meghan Nelson  
Renz Addiction Counseling Center  
One American Way, Administration – 2<sup>nd</sup> Floor, Elgin, IL 60120