



Senior Charity Care Foundation

Please make checks payable to "Senior Charity Care Foundation"

Please note: A star (*) indicates a required field. Please complete all required fields to ensure that your donation is processed correctly. Thank you!

Donor Information:

Name:* _____

Company: _____

Address:* _____

City:* _____ State:* _____ Zip:* _____

Country (If outside the United States): _____

Home Phone:* _____ Work Phone: _____

E-mail:* _____

Gift Information:

Donation Amount:*\$ _____ Check Enclosed

In Memory of: _____

In Honor of: _____

Acknowledge Gift To: _____

Address: _____

Relationship to deceased or honoree: _____

(Please fill in the section above if you would like us to notify family members or those honored by your gift. The amount of your gift will be kept confidential.)

My Employer, _____, will match my gift.
(Please include your matching gift form)

Credit Card Information:

Please charge my credit card:*

Visa

MasterCard

Discover

American Express

Name as it appears on my card:* _____

Credit Card Number:* _____ Expiration Date:* _____

Gift Designation:

Where It Is Needed Most Please Use for Residents of _____
