

Yes! I believe that no one should face aging or the challenges alone.



Please use my gift to support the independence of older adults.

\$ 50 \$ 100 \$ 250 \$ 500 \$ 1,000 Other \$ _____

NAME _____ TODAY'S DATE _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

PLEASE SEND ME PARTNERS IN CARE'S ENEWS I PREFER TO REMAIN ANONYMOUS

MY GIFT IS IN HONOR/MEMORY OF (NAME) _____

PLEASE INFORM (NAME) _____

ADDRESS _____

CITY, STATE, ZIP _____

I have enclosed a check **OR** I prefer to give by credit card

(Make checks payable to "Partners in Care Maryland, Inc")

PLEASE CHARGE \$ _____ TO MY:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

YES, PLEASE AUTOMATICALLY PROCESS MY GIFT MONTHLY.

CARDHOLDER'S NAME _____ SIGNATURE _____

CARD NUMBER _____ CVC _____ EXP. DATE _____

PLEASE CONTACT ME ABOUT MATCHING GIFT OPPORTUNITIES OR GIVING THROUGH A DONOR ADVISED FUND.

Please return this form with payment to Partners in Care, 8151-C Ritchie Hwy, Pasadena, MD 21122.

Thank you!

Partners in Care is a 501(c)(3) not-for-profit organization. Your gift is tax-deductible to the extent allowed by law.