



PRINT & MAIL FORM



Help Us Promote Independence for Seniors and Persons with Disabilities

(You) First Name _____ M.I. _____ Last Name _____
Select a Title Mr. Mrs. Miss Ms. Dr. Rev. Suffix (e.g., Jr., Sr.) _____

(Spouse) First Name _____ M.I. _____ Last Name _____
Select a Title Mr. Mrs. Miss Ms. Dr. Rev. Suffix (e.g., Jr., Sr.) _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (____) _____ - _____ Email _____

Name _____ I/We prefer not to be listed.
(as you would like to be listed in Community Care's annual report/newsletter)

Gift Amount \$ _____

My/Our gift is for: In-Home Services, including dementia care Transportation
 Care for People with Disabilities Education/Training
 Wherever it's most needed Other: _____

Is this gift in honor or in memory of a loved one or friend? If so, without mentioning the amount, we will notify the person you honor or the family of the person you memorialize to let them know of your gift.

This gift is in honor of in memory of: _____

What is this person's relationship to you? _____

Please notify the following person of this gift: _____

Address: _____

Telephone: _____

Please make your check payable to: **Community Care Center of the Northeast**
Mail your check with this form to:
Community Care Center of the Northeast, 2417 Welsh Road, Suite 202, Philadelphia, PA 19114
Questions: Call 215-335-4416

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

Thank you for caring and for helping us enable vulnerable seniors and persons with disabilities to age safely at home!

<http://www.CommunityCareNEphila.org/charitable-giving/>