



FRIENDS CARE COMMUNITY

DONATION FORM

In Memory of: _____

In Honor of: _____ (Birthday, Get Well, Congratulations)

Name: _____ Phone: (____) _____

Address: _____

City/State/Zip: _____

I/We want to show our commitment to Friends Care Community with the following donation:

_____ \$1000	_____ \$50
_____ \$500	_____ \$25
_____ \$100	_____ Other _____

Make check payable to: **Friends Care Community**

Name _____

Address _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Thank you for your enclosed donation. We are delighted that you have chosen to join us in our mission-The Affirmation of Life.

Friends Care Community is a 501(c)(3) organization. Your gift is a tax deduction as provided by law.