

Yes - I would like to support



MEMORY CARE™
HOME SOLUTIONS

PLEASE SEND ME INFO ABOUT:

Volunteer Opportunities Scheduling a home visit or free group training

ENCLOSED IS MY TAX DEDUCTIBLE DONATION:

\$25 \$100 \$150 \$250 \$1000 Other \$ _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DONATION INFORMATION:

My check is enclosed Donation has been made online at memorycarehs.org

Please use this gift to support The Expansion Campaign

Please Charge \$ _____ to my credit card MasterCard VISA AMEX Discover

Name on Card: _____ Expiration: _____

Card Number: _____ Security Code: _____

Signature: _____

My gift is a TRIBUTE DONATION MEMORIAL DONATION

in honor of _____

Please provide contact info below - a letter will be mailed notifying the individual you are honoring with your gift (amount of gift will not be included)

Notify: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please include my Special Note: _____

Please return this form to

**Memory Care
Home Solutions**

4389 West Pine Blvd
St. Louis, MO 63108

QUESTIONS?

Please email
ekelley@memorycarehs.org,
call us at **314-645-6247** or
fax us at **314-645-6249**