



Your gift today will send a message of love, respect, peace of mind, and caring help to seniors and people with disabilities in our community. Thank you!

Please complete this form and mail to:
Homage Senior Services
Attn: Philanthropy Department
5026 196th St SW
Lynnwood, WA 98036

Or send the completed form by confidential fax:
Homage Senior Services
Attn: Philanthropy Department
425.355.6875

<p>Donation</p> <p>I would like to donate \$ _____</p> <p><input type="checkbox"/> I would like to make this a one-time donation. <input type="checkbox"/> I would like to make this an ongoing donation.</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually </p> <p>I would like my gift to help:</p> <p><input type="checkbox"/> Our greatest need <input type="checkbox"/> Nutrition/Meals on Wheels <input type="checkbox"/> Home Repair <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____</p>	<p>Dedication</p> <p>I would like to make this gift</p> <p><input type="checkbox"/> On behalf of <input type="checkbox"/> In honor of <input type="checkbox"/> In memory of</p> <p>_____</p> <p>Name _____</p> <p>Please send a dedication acknowledgement to:</p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City, State Zip code _____</p>
<p>Contact Information</p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City, State Zip code _____</p> <p>_____</p> <p>Email _____</p> <p>_____</p> <p>Phone (if we have a question) _____</p>	<p>Billing Information (if different from Contact Information)</p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City, State Zip code _____</p> <p>_____</p> <p>Email _____</p> <p>_____</p> <p>Phone (if we have a question) _____</p>
<p>Payment Information</p> <p>I would like to make this gift by</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Credit Card*</p> <p>*Credit Card Type</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx</p> <p>_____</p> <p>Name on Credit Card _____</p> <p>_____ / _____</p> <p>Credit Card Number _____ CSV/CRV # _____</p> <p>_____</p> <p>Expiration Date _____</p>	