

Yes! I would like to support Memory Care Home Solutions!

Enclosed is my tax deductible donation:

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

Please send me info about: Volunteer Opportunities
 Scheduling a home visit or free group training

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Donation Information:

My check is enclosed
 Donation has been made online at www.memorycarehs.org
 Please charge \$_____ to my credit card
 Please use this gift to make **THE CENTER** possible!

*Gifts made to **THE CENTER** of \$1,000 and above will be matched by the Horncrest Foundation up to \$300,000!*

Please Circle One: Master Card Visa Amex Discover

Name on Card: _____ Expiration: _____
Card Number: _____ Security Code: _____
Signature: _____

My gift is a Tribute Donation in honor of _____
 My gift is a 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
1526 South Big Bend Blvd. Saint Louis, MO 63117
Email: ekelley@memorycarehs.org Phone: 314.645.6247 Fax: 314.645.6249