



COUNCIL *on* AGING
Martin County

Yes, I want to make a donation to make a difference in the lives of Martin County's seniors!

I would like to make a gift in the amount of \$_____.

Please use my gift: (*check one*)

- Where it is most needed
- For Meals on Wheels
- For Adult Day Care
- For Help at Home Services
- Toward the Capital Campaign to build the Charles and Rae Kane Center.

My gift is made in honor or memory of (*select one if appropriate*):

- In Honor of:
 - Anniversary
 - Birthday
 - Other _____
- In Memory Of

Honoree's Name: _____

Please send notification of my honorary/memorial gift to:

Name:

Mailing Address:

City:

State:

Zip:

Donor Options

- I would like my gift to be anonymous.
- I do not wish to be included in subsequent Council on Aging mailings.
- Please send me information about giving options that offer tax savings and other financial benefits.

Donor Information

Name:
Mailing Address:
City:
State:
Zip:
Telephone:
E-mail:

Payment Information

- My check or money order is enclosed.
 Please charge my contribution to my credit card:
 Visa MasterCard American Express

Card #: _____

Expiration Date: ____ / ____ / ____

Name on Card: _____

Signature: _____

Please return this completed form with your contribution to:

Council on Aging of Martin County, Inc.
900 SE Salerno Road
Stuart, FL 34997
Attention: Development Office

Thank you for your support!

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. THE COUNCIL ON AGING OF MARTIN COUNTY'S SOLICITATION REGISTRATION NUMBER IS CH2307.