



In Memory Donation Form

In the spirit of giving, please accept my gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other _____

Name _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Donation Options

- I have made an online donation at www.cas1.org
- My Employer has a matching gift program I have enclosed their matching gift form.
- Please contact me about:
 - Estate Planning stock transfers vehicle medical equipment I would like to donate
- I have included CAS in my will or estate plan

My gift is given in memory of : _____

Please send an acknowledgement card to: (no amount is mentioned in acknowledgement)

Name _____

Address _____

City _____ State _____ Zip _____

Please send me periodic emails about special events and information

My email address is: _____

Thank you. Your gift will make a difference.

All contribution are tax deductible to the extent allowed by law. Federal Tax Identification Number: 95-1782304

Please, print this form and send along with your check or money order to:

Convalescent Aid Society
3255 E. Foothill Blvd.
Pasadena, CA 91107