



## In Honor 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](http://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 honor 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**