



CONVALESCENT
Aid Society
LOAN OF MEDICAL EQUIPMENT

General Donation Form

YES! I Would like to give the gift of healing to an individual. Please accept my tax-deductible contribution in
The amount of \$ _____ or (suggested donation amount below)



\$ 25 Cost of new cane



\$60 Cost of a new bath bench



\$95 Cost of new rollator walker



\$250 Cost of a new wheelchair



\$500 ½ of the cost of a hospital bed

YES! Please make my contribution a monthly pledge to be charged on the _____ th day of each month.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Contact phone#: _____

Email: _____

Please make checks payable to: CAS or charge to my: VISA/MC AmEx DSC

Number: _____ Expiration Date: _____ CVV: _____

Signature: _____

The Convalescent Aid Society is a 501(c) 3 not-for-profit organization TAX ID# 95-1782304.
All contributions are deductible to the extent allowed by the law.

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

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