



DONATION FORM

Enclosed is my tax-deductible contribution of:

\$50 \$100 \$250 \$500 \$1000

Other \$ _____

Use my gift where it is most needed.

I'd like to make a gift for:

QueensCare Health & Faith Partnership (QHFP)

QueensCare Mobile Vision Program

QueensCare Mobile Dental Program

Pastoral Care

Other _____

If different from the name below, please list this gift as:

Anonymous

In memory of: In honor of: Kindly notify:

My gift/pledge will be matched by my/my spouse's company. (Please enclose application)

Please contact me regarding estate planning.

QueensCare is named in my will/trust.

Please correct my name and/or address as I have indicated below.

Please make check payable to "QueensCare".

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

QueensCare
1300 North Vermont Avenue, Suite 508
Attention: Accounting
Los Angeles, CA 90027-0005
Phone (323) 669-4302

www.queenscare.org
Solicitation permit on file.