



Preserving health and financial dignity through education and advocacy

Donor Form

I would like to become a **Founding Member** of *Life Preservers*

_____ *Gift of Hope:* \$1,000 per year for 5 years

_____ *Gift of Dignity:* \$5,000 per year for 5 years

_____ *Gift of Independence:* \$10,000 per year for 5 years

I would like to contribute in other ways:

_____ Contribute \$ _____ for _____ years.

_____ Contribute \$ _____ for now.

_____ Please contact me about paying my pledge with stock.

_____ Please contact me I have other thoughts to share.

Payment:

_____ My check is enclosed, made payable to Council on Aging–Orange County

_____ Please charge my Visa/MC # _____ Exp. _____

Signature _____

_____ My company will match my gift. Company Name _____

*We will invoice you in the month of **your gift** for your annual pledge, unless you request otherwise.*

Date _____

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Day Phone(____) _____ Evening Phone(____) _____

E-mail address _____

All donations made directly to the Council on Aging–Orange County are tax deductible.
1971 East 4th Street, Santa Ana, CA 92705 • Phone (714) 479-0107 Fax (714) 479-0234