

Please Accept My Donation of \$ _____

in memory in honor

of _____

Please apply my donation to:

- | | | |
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| <input type="checkbox"/> Baruch Senior Ministries
(Use where needed) | <input type="checkbox"/> Fountain View Retirement Village
Grant | <input type="checkbox"/> Northern Pines Assisted Living
Grayling |
| <input type="checkbox"/> Bishop Hills Elder Care
Rockford | <input type="checkbox"/> Georgetown & Cambridge Manors
Grandville | <input type="checkbox"/> Park Place Assisted Living
Kalamazoo |
| <input type="checkbox"/> Cedar Cove Assisted Living
Cedarville | <input type="checkbox"/> Hale Creek Manor
Hale | <input type="checkbox"/> Stone Crest Assisted Living
Freeland |
| <input type="checkbox"/> Evergreen Terrace Assisted Living
Big Rapids | <input type="checkbox"/> The Hume Home
Muskegon | <input type="checkbox"/> Sunnyside Senior Living
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Coopersville | <input type="checkbox"/> Lakeshore Assisted Living Homes
Grand Haven | <input type="checkbox"/> Yorkshire & Stonebridge Manors
Walker |

Donor(s) information for tax receipt purposes:

Mr/Mrs/Ms: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please send an acknowledgement letter of my gift to:

Mr/Mrs/Ms: _____ Phone: _____

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City: _____ State: _____ Zip: _____

Please list my name as above Keep my gift anonymous

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