



Gifts from the Heart

Contribution Form

Please help us to continue providing critical services to your community. We invite you to support the choice that touches your heart – a day of care, caregiver support, or education. Select one, two or all three. Additionally, you can designate your gift in honor or memory of someone you love.

I/we would like to give in honor of _____

I/we would like to give in memory of _____

Name: _____

Address: _____

I/we give permission to list this gift in donor recognition listings.

Gifts from the Heart Selections

Give a Day of Care Give Caregiver Support Give Education Give all three

I would like to gift

\$1,000 \$750 \$500 \$250 \$100 Other _____

Gift Schedule

Your gift can be made through an annual donation or can be divided over several payments.

Annual Semi-Annual Quarterly Monthly

Payment Choice

Check (made payable to Alzheimer's Family Services Center) Visa MasterCard AMEX

Card Number _____ Expiration _____

Signature _____

Name (as it appears on the card) _____

Spouse/Partner _____

Street _____ Suite/Apt. _____

City _____ State _____ ZIP _____

Day Phone _____ Evening Phone _____

Email _____

For questions, please contact Anita Rodriguez-Lambert, Director of Development & Communications at (714) 593-9630 or ALambert@AFSCenter.org. Please complete this form and fax to (714) 593-9632 or mail to Alzheimer's Family Services Center, 9451 Indianapolis Ave., Huntington Beach, CA 92646. **Thank you for Gifts from the Heart!**