



Donation Form

Yes, we/I will support your mission of service to the homebound with this contribution to **About Care, Inc.**

Enclosed is our/my check for \$ _____

Please circle: Dr. Mr. Mrs. Mr. & Mrs. Ms. Miss. Rev.

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

This gift is in honor of in memory of: _____

Please send acknowledgment to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

- Matching Gift (If your employer has a gift matching program, please enclose the completed forms required by your company.)
- I have made a gift to **About Care, Inc.** in my will, life insurance policy or retirement plan.
- Please keep my gift anonymous.

Please send me information about:

- How to include **About Care, Inc.** in my estate planning.
- How to volunteer for **About Care.**
- How to contribute non-cash gifts.

Contributions are tax deductible to the extent provided by law. Please direct donations and inquiries to:

About Care Inc.
P.O. Box 3278
Chandler, Arizona 85244-3278
(480) 802-2331
Email: donations@aboutcare.org
<http://aboutcare.org>