

Designation Card



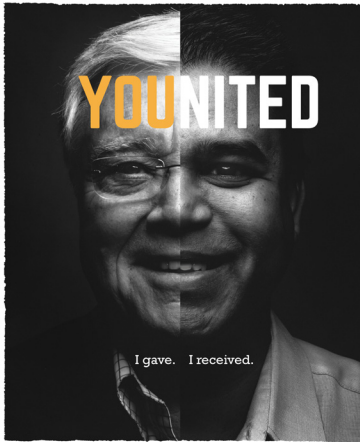
Name: (required)

Company: (required)

Phone: (required)

Total Contribution \$ _____

Designation Amount \$ _____



50 Years of Caring

Agency: (required)

Agency must be eligible to receive tax deductible contributions under the IRS code

Agency Address: (required)

Agency Phone: (required)

I wish to remain anonymous to the designated

Designated contributions are subject to processing fees and will be directed to the Community Investment Fund if a \$100 minimum is not met.

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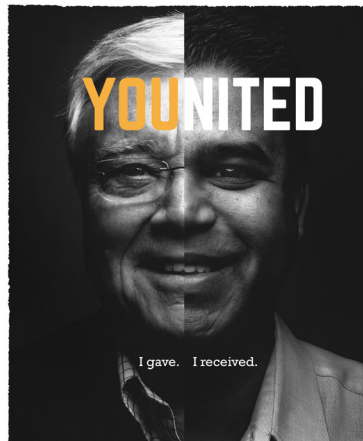
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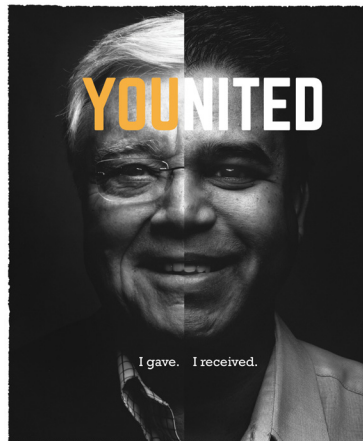
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