



GIVING FORM

raise THE ROOF

Adoray's
TREASURES
FROM THE HEART
fundraiser

DONOR INFORMATION

Name(s) _____

Address, City, Zip _____

Day/evening phone _____ / _____

E-mail address _____

DONATION

I wish to invest in the community, it is my desire to donate a total of \$ _____ to the Treasures Raise the Roof Campaign.

My gift shall be paid using:

A single gift of \$ _____. Via Check _____ Cash _____ CC _____. Made on _____.

DONOR RECOGNITION

Please use the following name in all acknowledgements and public recognition.

This gift is in honor / memory of _____
(Please circle one)

I wish to remain anonymous.

SIGNATURES

Signature 1 _____ Date _____

T-Shirt Size: Small _____ Medium _____ Large _____ X-Large _____ 2X-Large _____

Thank you for your support!

Adoray Home Health and Hospice is a 501(c)(3) nonprofit organization (Tax ID #39-1791601) and your contribution is tax-deductible to the fullest extent of the law. Donor(s) have the right to terminate or cancel their commitment upon change in their personal or financial situation.

Please make checks payable to **Adoray Home Health and Hospice**

Mail to: 2231 HWY 12, STE 201, Baldwin, WI 54002.

Online Credit Card Payment Available at www.adoray.org/giving/raisetherooft