

<i>The Rose Society</i>	
<input type="checkbox"/> Benefactor	\$1,000 or more
<input type="checkbox"/> Patron	\$500 - 999
<input type="checkbox"/> Sponsor	\$250 - 499
<input type="checkbox"/> Supporter	\$125 - 249
<input type="checkbox"/> Friend	\$1 - 124

Contribution Form

I would like to help ensure the health and well-being of older people in our community with a contribution of \$_____.

Dr. Mr. Mrs. Miss Ms.

(First Name) (Last Name) (Spouse's Name)

Address _____

City _____ State _____ Zip _____

MasterCard/Visa/AmEx # _____ Exp. date _____

Signature _____

My gift is in: Memory Honor of: _____

Please send acknowledgment of my gift to: *(no amount will be mentioned)*

Name _____

Address _____

City _____ State _____ Zip _____

Please recognize my gift as "Anonymous" in printed material.

I am interested in a bequest and I:

- have provided for the Benjamin Rose Institute in my will.
- intend to provide for the Benjamin Rose Institute in my will.
- would like to talk to someone about a bequest to the Benjamin Rose Institute.

Please send me information about volunteering for the Benjamin Rose Institute.

I am/We are willing to be profiled as a donor to the Benjamin Rose Institute.
Please contact me/us with more information.

Please send check payable to:

The Benjamin Rose Institute
Development Office
11900 Fairhill Rd, Suite 300
Cleveland OH, 44120

The Benjamin Rose Institute Mission:

To advance the health, independence, and dignity of older adults
by raising the standards for quality of care.

Thank You!