

- Benefactor \$1,000 or more
- Patron \$500 - 999
- Sponsor \$250 - 499
- Supporter \$125 - 249
- 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 on Aging in my will.

intend to provide for the Benjamin Rose Institute on Aging in my will.

would like to talk to someone about a bequest to the Benjamin Rose Institute on Aging.

I am/We are willing to be profiled as a donor to the Benjamin Rose Institute on Aging.

Please contact me/us with more information.

### Please send check payable to:

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

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

## THANK YOU!