



## DONATION FORM

**YES**, I would like to financially support seniors in central Florida through the Dreams for Seniors Charity.

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_

I will contribute \$ \_\_\_\_\_, through a:

- One-time cash gift via check or money order.
- Three-year pledge, with semi-annual or annual installments.

Please make your check payable to Dreams for Seniors Charity.  
Return your gift, with this pledge form, to the following address:

Dreams for Seniors Charity, Inc.  
c/o Classic Home Health Services  
Attention: Patricia Whaley  
1504 South Street  
Leesburg, FL. 34788

- I/We wish my/our name(s) to be listed on the Dreams for Seniors website as follows:

\_\_\_\_\_

- I/We wish to be listed as "Anonymous."
- I would like to find out more about Dreams for Seniors and my giving options.
- Please call me at (     ) \_\_\_\_\_
- I would like Dreams for Seniors Charity to send information to my home address noted above.

Thank you. Through your donation, you have made a major impact on recognizing and appreciating seniors in our community.

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Web: [www.dreamsforseniorscharity.org](http://www.dreamsforseniorscharity.org)