



Yes, I want to support the mission of PHC to provide high-quality home health care services.

*Please provide us with the following information so we may accurately acknowledge your gift.

Donor's Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ E-mail: _____

I would like to receive e-mail updates from Partners Home Care.

GIFT INFORMATION

I would like to make a onetime gift of: \$ _____

I would like to make a monthly gift of: \$ _____ for the next
_____ 12 months _____ 6 months _____ 3 months or _____ other

Please check below to let us know how you wish your donation to be used:

- PHC Annual Fund
- Maternal-Child Health Program
- Medical Equipment
- The Roche Fund for Education and Training
- The Transitions Program

PAYMENT INFORMATION

- Check enclosed, *made payable to Partners Home Care*
- Charge my credit card: VISA Master Card Am Ex Discover

Card Number: _____ Expiration Date: _____

Authorized signature: _____

GIFT AS A TRIBUTE

My gift is given in memory of: _____

My gift is given in honor of: _____

Please notify the following individual/family of my tribute:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Double your gift to Partners Home Care!

Check with your Human Resources Department to see if your company has a matching gifts program. If they do, request a matching gifts form, fill it out and enclose it with your donation.

Mail with payment to: Partners Home Care, Development Office, 281 Winter Street, Suite 240, Waltham, MA 02451.
For more information about giving opportunities, contact the Development Office at 781-290-4021.