



Donation Form

Name _____ Date _____

Company _____

Address _____

Email _____ Phone _____

Gift Amount \$ _____ For Benefit of _____ Facility
(Please make your check or money order payable directly to Senior Care Group Foundation.)

Instructions

List special instructions here. If this gift is in honor/memorial, please include the name(s) and addresses(es) of anyone you would like notified. If an in-kind gift, please describe.

Please Check the Appropriate Box Below

One-Time Gift In-Kind Gift of _____ Value \$ _____

My employer/spouse's employer has a matching gift program.

Name of Company _____

In honor of _____ In memory of _____

Anonymous Gift

Senior Care Group Foundation is a private, nonprofit organization, and is a qualified charitable organization under section 501(c)(3) of the Internal Revenue Code. Our sole focus is to support the programs and services of Senior Care Group and does not make grants or donations to outside organizations. All gifts made to Senior Care Group Foundation stay at its facilities.

We care about our donors and are committed to ensuring that your expectations are met. All gifts to Senior Care Group will be recognized and handled in the manner that our donors expect.

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Signature _____ Date _____

Questions? Contact us at 813-341-2700 or by email at mlewis@seniorcaregroup.com

**Please fill out this form and mail to Senior Care Group Foundation,
1240 Marbella Plaza Drive, Tampa, FL 33619 or fax to 813-676-0125**