

Yes! I believe that no one should face aging or caregiving challenges alone.



Please use my gift to meet the needs of older adults and their families.

\$ 50 \$ 100 \$ 250 \$ 500 \$ 1,000 Other \$ _____

NAME _____ TODAY'S DATE _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

PLEASE SEND ME IONA'S ENEWS I PREFER TO REMAIN ANONYMOUS

MY GIFT IS IN HONOR/MEMORY OF (NAME) _____

PLEASE INFORM (NAME) _____

ADDRESS _____

CITY, STATE, ZIP _____

I have enclosed a check **OR** I prefer to give by credit card

(Make checks payable to "Iona Senior Services")

PLEASE CHARGE \$ _____ TO MY:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

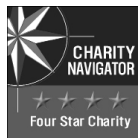
YES, PLEASE AUTOMATICALLY PROCESS MY GIFT MONTHLY.

CARDHOLDER'S NAME _____ SIGNATURE _____

CARD NUMBER _____ CVC _____ EXP. DATE _____

PLEASE CONTACT ME ABOUT MATCHING GIFT OPPORTUNITIES OR GIVING THROUGH A DONOR ADVISED FUND.

Please return this form with payment to Iona Senior Services, 4125 Albemarle Street NW, Washington DC 20016.



#52489

#8833

Thank you!

Iona Senior Services is a 501(c)(3) not-for-profit organization. Your gift is tax-deductible to the extent allowed by law.