



Phone: (831) 655-1334 Fax: (831) 655-8781 AllianceOnAging.org

Dr./Mr./Mrs./Ms. _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-MAIL _____

- This gift is **anonymous**, please exclude my name from publications
- I have included the *Alliance on Aging* in my will or planned gift.
- I would like to know more about making a planned gift & receiving tax benefits.
- I would like to know more about *Alliance on Aging* volunteer opportunities.

100% of your donation is tax deductible according to IRS regulations. Tax ID# 94-1747036

Membership Benefit Package

- Leadership Circle \$1,000+ Investor \$500+ Partner \$150+
- Couple \$60 Individual \$35

Enclosed is my tax-deductible contribution of \$ _____ **or**

I Pledge \$ _____ to be paid monthly through (date) ____/____/____

Payment Method Check Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date ____/____

Cardholder's Signature _____

This gift is being made: *In Memory of*, **or** *In Honor of*, _____

Please send an *in memory of* / *in honor of* card to the following person: _____

Address _____ City _____ ST _____ Zip _____

Alliance on Aging - 247 Main Street - Salinas, CA 93901