



I REMEMBER

# Mama

MOTHER'S DAY  
May 12, 2019

## Bringing Smiles to Women in Senior Care Facilities on Mother's Day Weekend

### What Is "I Remember Mama?"

To celebrate Mother's Day, Alliance on Aging volunteers will deliver beautiful flowering plants to women living in **67** long-term care facilities throughout the county on Mother's Day weekend.

Over **1,200** flowering plants were delivered last year.

For many women living in senior homes, Mother's Day can be an especially lonely occasion.

"I Remember Mama" has changed that. For the past 23 years, our volunteers have graciously donated their valuable time to bring joy to these women's lives.

### Why Is This Event Important?

"I Remember Mama" supports the important work of the Alliance on Aging's Ombudsman program.

Since 1980, the Ombudsman program has advocated for the safety and quality of care of seniors living in long-term care facilities. Ombudsmen conduct regular on-site visits to facilities and make themselves available to residents who may be victims of neglect, abuse or violations of their rights.

Ombudsman also provide guidance to families seeking placement of their loved ones.



247 Main Street, Salinas, CA 93901 | [AllianceOnAging.org](http://AllianceOnAging.org) | 831.655.1334 or 831.758.4011

## Help us honor these special women on Mother's Day

**YES!** I want to brighten the day of a special lady on Mother's Day and support the Ombudsman program.

Enclosed is my check for:  \$35 (per plant)  \$70  \$105  \$140  Other \$ \_\_\_\_\_

Please charge my donation of \$ \_\_\_\_\_ to: (circle one) Visa MasterCard Discover Amex

Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Your Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If there is someone in a nursing home you would like to designate, list name here. Please deliver the plant to:

(Their Name): \_\_\_\_\_

at (Facility Name): \_\_\_\_\_ in the city of: \_\_\_\_\_

My donation is: (circle one) "in honor" or "in memory" of: \_\_\_\_\_

Please Notify: \_\_\_\_\_ of my donation.

Their Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_