



ACACIA ADULT DAY SERVICES thanks you for your gift. Your support helps maintain the programs and services we are able to provide to our participants.

Please fill out our form and return it to:

Acacia Adult Day Services
11391 Acacia Parkway
Garden Grove, CA 92840
714 530-1566

Name _____

Address _____

City _____ Zip _____ Telephone _____

E-mail _____

I wish to make a tax-deductible contribution of:

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

Wherever the need is greatest

In Honor of _____

In Memory of _____

Please send an acknowledgement to

Name _____

Address _____

City _____ State _____ Zip _____

Gift to Acacia's Endowment Program

Other _____

Please make your check payable to Acacia Adult Day Services.

Please charge my donation: Visa MasterCard American Express

Card Number _____ Expiration Date _____

Signature (if using credit card) _____

Please do not acknowledge my gift in any advertising.

I have or intend to leave a gift to Acacia Adult Day Services in my estate plan.

I am interested in learning more about Acacia's Endowment Program.

My employer has a matching gift program.

Thank you for your generous support.