



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.