



Individual Contribution Form

I/we would like to make a financial contribution to the following projects:

- Dare to Dream
- Holiday Giving and Special Events
- Emergency Alert Devices
- Waiting List Assist
- Claude Pepper Memorial Awards Dinner

Enclosed is our check or money order contribution for \$_____.

Please charge my credit card:

Visa AMEX MasterCard

Name on card: _____

Card number: _____

Expiration date: _____ Security code: _____ Zip Code: _____

Signature: _____

**Your contributions are tax deductible as a charitable donation.
Any amount will make a difference in a homebound person's life.**

Please return form in confidence to:

Attn: Amber Hoffman
United HomeCare
8400 N.W. 33rd Street, Suite 400
Miami, FL 33122

You may fax this form to 305-599-3111 or email this completed form as an attachment to ahoffman@unitedhomecare.com.

**Thank you for helping the frail elderly and the disabled
maintain their dignity and their autonomy.**

**United HomeCare
8400 N.W. 33rd Street, Suite 400
Miami, FL 33122**