



## Corporate Contribution Form

My company 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
- We would like to act as a major or overarching sponsor of several programs and projects. Please call me.
- Enclosed is our check or money order contribution of \$\_\_\_\_\_.
- 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 this form to:**

Attn: Amber Hoffman  
United HomeCare  
8400 N.W. 33<sup>rd</sup> 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. 33<sup>rd</sup> Street, Suite 400  
Miami, FL 33122**