



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
- Annual Claude Pepper Awards Fundraising Event

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 by mail to:

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

You may email this completed form to apalenzuela@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
(305) 716-0710
unitedhomecare.com