



## Individual Pledge Form

Name (Please Print)

(Birth Date: Month/Day/Year)

Address

City

State

Zip Code

Phone Number

Email Address

My Company will match my gift: \_\_\_\_\_

Company Name

I would like to remain anonymous.

### Yes, I will support *TRANSFORMING SENIOR LIVING* with a contribution of:

\$15,000

Other: \$ \_\_\_\_\_

\$10,000

My payment is enclosed.

\$5,000

My pledge will be paid on the following date(s):

\$2,000

\$1,250

\$500

**I would like to fulfill this pledge commitment to support United HomeCare annually over the next \_\_\_\_\_ years.**

**Please charge my credit card:**    Visa    American Express    Mastercard     Discover

Card number

Expiration date

Security code

Signature of cardholder

Date

**I choose to pay my pledge via Direct Deposit to United HomeCare:**

Routing Number: 061000104

Account Number: 1000186575550

**Please make all checks payable to United HomeCare and mail to:**

United HomeCare, Attn: Jackeline Alers, 8400 N.W. 33<sup>rd</sup> Street, Suite 400, Doral, FL 33122

For more information, contact Jackeline Alers: [jalers@unitedhomecare.com](mailto:jalers@unitedhomecare.com) or [Development@unitedhomecare.com](mailto:Development@unitedhomecare.com)

Funds will be used for general operating expenses, unless otherwise noted. United HomeCare is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and contributions are tax deductible to the extent allowed by law. Our tax identification number is 59-1523943. Financial information about this organization and a copy of its license are available from the Charitable Solicitation Licensing Section at 888-830-4989.