



There's just no place like home.

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
- \$10,000
- \$5,000
- \$2,000
- \$1,250
- \$500
- Other: \$ _____
- My payment is enclosed.
- My pledge will be paid on the following date(s):

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 Check to United HomeCare:

Please make all checks payable to United HomeCare and mail to:
United HomeCare, Attn: Alina Palenzuela, 8400 N.W. 33rd Street, Suite 400, Doral, FL 33122

For more information, contact Alina Palenzuela: apalenzuela@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.