

# HELP Adult Services Room Dedication

Room Dedication:

- Display Room \$10,000
- Executive Director Office \$5,000
- Reception Room \$5,000
- Founder's Room (Caregiver Resource Library/Conference) \$10,000
- Program Office \$5,000
- Supply area (Health & medical equipment storage) \$5,000
- Volunteer Recruiter Office \$5,000
- I would like to make a contribution towards the Founder's Room in the amount of \$\_\_\_\_\_.  
(Do not complete Lines 1-5 if making a contribution towards the Founder's Room)

Line 1:

- In Honor of
- In Memory of
- Other (max 29 letters/spaces) \_\_\_\_\_

Line 2:

- Name of Person (please print) \_\_\_\_\_
- Other (max 29 letters/spaces) \_\_\_\_\_

Lines 3, 4 and 5 (max 29 letters/spaces per line)

- (Name of Donor/Family) \_\_\_\_\_  
Example: - John Smith or - Smith Family
- With Love, (Name of Donor/Family) \_\_\_\_\_  
Example: With Love, John Smith or With Love, Smith Family
- With Admiration, (Name of Donor/Family) \_\_\_\_\_  
Example: With Admiration, John Smith or With Admiration, Smith Family
- With (\_\_\_\_\_), (Name of Donor/Family) \_\_\_\_\_
- Special saying (max 29 letters/spaces per line, max 3 lines):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your generous contribution to HELP Adult Services! We are honored to be the organization you have chosen to honor your special person. Your plaque will be created as indicated above and it will be prominently placed on your designated room.

Please complete the following for us to notify you when the plaque is complete or if we have questions.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Note: all non-standard sayings will go through approval process.

Payment options:

- My check payable to "HELP Adult Services" is enclosed.
- Please bill my credit/debit card:  Visa  MasterCard  Discover

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Account number)

\_\_\_\_\_  
(Expiration date)