



## DESERT SAMARITANS FOR THE ELDERLY

Enhancing Quality of Life for the Elderly Today and Tomorrow

### MEMORIAL GIFT DONATION FORM

#### DONOR INFORMATION:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

#### Who would you like to memorialize?

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

#### Who would you like the card sent to?

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Method of Payment:

Discover

MasterCard

VISA

Check (Make payable to Desert Samaritans)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security PIN\*: \_\_\_\_\_

\* For VISA and MasterCard, this is the three digit number on the back of the card

\* For American Express, this is the four digit number on the front of the card

Please charge my credit card for a total of \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax this form to Desert Samaritans for the Elderly, a 501(c)3 tax exempt organization.

I am interested in learning about how to become more involved with Desert Samaritans for the Elderly.

#### Instructions:

Please print this form on your printer

Complete with your information

Mail completed form and check (if applicable) to Desert Samaritans (address below).

DESERT SAMARITANS FOR THE ELDERLY

P.O. Box 10967, Palm Desert, CA 92255

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