



Gift amount

\$ _____

Please keep my contribution anonymous

Please complete this form and mail it along with your check to:

**Iowa CareGivers,
1231 8th Street #236,
West Des Moines, Iowa 50265**

Information@iowacaregivers.org
www.iowacaregivers.org
(515) 223-2805

Your contribution may be tax deductible as prescribed by law. Donors will be listed in the Iowa CareGivers newsletter and other public announcements unless otherwise instructed. Iowa CareGivers is a 501(C)(3) nonprofit.

Giving Options

Annual Gift

- Education (Supports programs that increase knowledge and skills of direct care workers and other caregivers, empowerment programs, recruitment campaigns, relationship-building with family caregivers.)
- Statewide campaign to honor those in direct care
- Greatest need

Iowa CareGivers Endowment

- I would like to learn more about the Iowa CareGivers Endowment to help sustain future impact and success

My contribution is:

- In Honor of In Memory of

Full name of Honoree or Memorial:

Mailing Address of Honoree or Family of Memorial:

Comments

Donor Information:

(Please List How You Wish Your Name to Appear in the Annual Report and Other Publications)

Title: (Mr., Mrs., etc.)

Name/s:

Home Address:

City:

State: Zip: County

Phone (home):

Phone (work):

Phone (cell):

Email Address:

(emails are not shared with others)