



Gift amount

\$ _____

- Please keep my contribution anonymous

Please complete this form and mail it along with your check made out to Iowa CareGivers to:

Iowa CareGivers
939 Office Park Road #332
West Des Moines, Iowa 50265

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

To donate online:
iowacaregivers.org/donate

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

General Contribution:

PLEASE SELECT WHERE YOU WOULD LIKE YOUR CONTRIBUTION TO BE APPLIED.

- Where Most Needed
- Charlotte B. Nelson Direct Care Advocacy Fund
<https://bit.ly/3FseNgX>
- Education Programs:
- Leadership Training
 - 3 Ps in a Pod (Professional and Personal Development and Peer Support)
 - Mouth Care Matters Oral Health Training
 - Educational, Networking, and Recognition Opportunities

Iowa CareGivers Endowment:

- I would like to learn more about how I can help sustain the programs and services above well into the future by supporting the Iowa CareGivers Endowment.

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: _____

Name/s: _____

Home Address: _____

City: _____

State: Zip: County

Phone: _____

Email Address: _____

(emails are not shared with others)

- Yes, I am interested in volunteering for Iowa CareGivers.
- Yes, I will recommend Iowa CareGivers as a presenter at civic, church or other groups in which I am involved.