



Joey's Gift Respite Care

YES, would like to help provide a healthy break to caregiving parents!

I am making a charitable gift of \$_____ to Easterseals on _____ (date)

- _____ **Dignity Sponsor (Expand to DeLand or Project WARM) - \$2,500**
- _____ **Adopt-a-Day Sponsor – \$750**
- _____ **Fun Day Sponsor - \$450**
- _____ **Craft and Snack Sponsor - \$200**
- _____ **\$25** _____ **\$50** _____ **\$100** \$_____

___ I wish to make a contribution for \$_____ each month for ___ months. Please send invoice.
 ___ My check for \$_____ is enclosed. Pay to: *Easterseals Northeast Central Florida*
 ___ Please charge \$_____ to my: Visa Mastercard Amex Discover
 one time monthly for _____ months.

Account # _____ Expires _____
 Name on card _____ Signature _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

___ I would like to make this gift in honor or memory of someone special
 Honoree name and address _____

Easterseals Northeast Central Florida 1219 Dunn Avenue, Daytona Beach FL 32114
501(c) 3 59-0722785 386-255-4568 eastersealsnecfl.org info@esnecfl.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 (800-HELP-FLA) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. FLORIDA REGISTRATION #CH1244 . www.800helpfla.com

With questions or special assistance, contact
 Susan Moor, Vice President - Gift Planning
 at 386-944-7820 or smoor@esnecfl.org