



## Donation Form

**Yes, I / we want to support SAGE Eldercare's Annual Fund!**

I would like to make a gift of:

\$250  \$100  \$75  \$50 Other: \$ \_\_\_\_\_

Yes! I would like to be a **SAGE Sustainer** with a recurring monthly gift of: \$ \_\_\_\_\_

Payment by  Check (*payable to SAGE Eldercare*)

Visa  MasterCard  American Express  
(*for credit card payments, fill in information below*)

- I would like to make a gift of appreciated securities.
- I would like information about estate plan giving.
- My company matches gifts; the form is enclosed.
- I would like to learn about volunteer opportunities.

\_\_\_\_\_  
Name (*for Annual Report list*)  Anonymous gift. Telephone \_\_\_\_\_

For gifts by credit card:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Card No. Exp. Date (mo./yr.)

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

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

SAGE Eldercare is a 501(c)3 tax-deductible charity. All gifts are tax-deductible to the extent permitted by law. Tax ID #221657929. Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215 and is available on the internet at <http://www.state.nj.us/lps/calcharfm.htm>. Registration with the Attorney General does not imply endorsement.

**Donate Now at [www.sageeldercare.org](http://www.sageeldercare.org)  
Thank you for your support!**

If you have questions, please call 908.598.5503.

**Please mail the completed form to:**

SAGE Eldercare  
Attn.: Development Office  
290 Broad Street  
Summit, NJ 07901