

# Donation Form

## Woodward Respite Care Fund

If you would like to make a donation to the Woodward Respite Care Fund, fill out and enclose this page with your check. Any contribution is gratefully accepted.

*I / We would like to contribute:*

\$100     \$50     \$25     Other: \_\_\_\_\_

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

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

\_\_\_\_\_

*For a memorial donation please fill out:*

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

*Send acknowledgement of gift to:*

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

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

\_\_\_\_\_

*Please make check payable to:*  
Woodward Respite Care Fund

*Send this form and your contribution to:*  
Woodward Respite Care Fund  
P.O. Box 460831  
Glendale, CO 80246-0831

**The Woodward Respite Care Fund is a 501(c)(3) tax-exempt organization.  
All contributions are tax deductible to the fullest extent of the law.**