

Yes, I/We want to support the residents of Heritage Community of Kalamazoo!

Enclosed is my gift of: \$25 \$50 \$100 \$250 other amount \$_____

Please make check payable to **Heritage Community of Kalamazoo Foundation**

Please charge my credit card (we accept MasterCard, Visa, American Express)

Name on the card: _____

Card Number: _____

Expiration: _____ / _____ Security Code: _____

- I would like to make this gift anonymously.
- I have included Heritage Community of Kalamazoo in my estate plans.

Recipient Information make additional copies as needed

This gift is: (check one) In honor of In memory of

Print name of person being honored: _____

Print name of person to receive card: _____

Address: _____

City: _____ State: _____ Zip: _____

Please count my contribution towards greatest need or please check one of the funds below:

- William Carter Lowe, M.D. Nursing Scholarship Fund: employee nursing scholarship
- Memory Care Initiative Fund: specialized person-specific programs and activities
- Heritage Legacy Fund: assistance for residents

If you have questions, please call us at 269.276.4046

2400 Portage Street, Kalamazoo MI 49001

HeritageCommunityFoundation.com

