



MARIA M. LOVE Convalescent Fund

I would like to help the Maria M. Love Convalescent Fund continue to provide aid to individuals who are in crisis due to medically related disabilities through a tax-deductible donation.

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

- | | | |
|--------------------------|----------------|-------------------|
| <input type="checkbox"/> | Platinum Angel | \$1,000 and above |
| <input type="checkbox"/> | Gold Angel | \$500 to \$999 |
| <input type="checkbox"/> | Silver Angel | \$250 to \$499 |
| <input type="checkbox"/> | Angel | \$125 to \$249 |
| <input type="checkbox"/> | Friend | Up to \$125 |

Please make checks payable to:
Maria M. Love Convalescent Fund

*Thank you for your support.
Your gift is tax-deductible to the extent
provided by law.*

This gift is:

- IN MEMORY OF IN HONOR OF FOR A SPECIAL OCCASION

Name _____

Please notify: Name _____

Address _____

City _____ State _____ Zip _____

- I would like to learn more about providing for the Maria M. Love Convalescent Fund in my will, or through the donation of a non-cash gift.

*Your gift of \$25
or more, in
memory or in
honor of someone,
will be promptly
acknowledged by
the Maria M.
Love Convalescent
Fund. A note will
be sent to those
you designate,
informing them of
your gift.*

Thank you!