

YES! I/We want to help further Kline Galland's efforts in providing care to the elderly with a gift in the amount of \$ _____, to be used:

Where the need is greatest *Community Capital Campaign* *Annual Membership*
 For a special purpose _____ *Tribute Card*

<ul style="list-style-type: none">• In Memory• Speedy Recovery• Birthday• Anniversary• Other (Specify) _____ <p>Send Card to: Name _____ Address _____</p> <p>Contributor's Name (s) _____ Address _____</p>
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Thank you for your thoughtful contribution to the Kline Galland Center.

Your contributions are tax deductible.

<p><input type="checkbox"/> <i>I/we would like information regarding:</i></p> <table><tr><td><input type="checkbox"/> Gift other than cash</td><td><input type="checkbox"/> Wills/Bequests</td></tr><tr><td><input type="checkbox"/> Deferred giving options</td><td><input type="checkbox"/> Volunteer Opportunities</td></tr><tr><td><input type="checkbox"/> Endowment Giving</td><td></td></tr></table> <p>Name/Address _____ _____ Telephone _____</p>	<input type="checkbox"/> Gift other than cash	<input type="checkbox"/> Wills/Bequests	<input type="checkbox"/> Deferred giving options	<input type="checkbox"/> Volunteer Opportunities	<input type="checkbox"/> Endowment Giving	
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THE KLINE GALLAND CENTER

Providing a Continuum of Residential and Community-based Programs

Caroline Kline Galland Home · The Summit at First Hill · Polack Adult Day Center
Kosher Meals-on-Wheels · Senior Nutrition Program

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