



**Thank you for your support! Please tell us about yourself and your gift.**

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your email: \_\_\_\_\_

Your phone(s): \_\_\_\_\_

How did you learn about MonarchCare? \_\_\_\_\_

I prefer to make this donation anonymously

**To make your gift in memory or in honor of someone**, be sure to provide us with the following information so we may send a card as notification of your thoughtfulness.

This is in Honor of: : \_\_\_\_\_

Please send an acknowledgement card to \_\_\_\_\_

**To donate by mail, please complete this form and mail it to:**

MonarchCare  
7071 West Commercial Blvd., Suite # 2-D  
Fort Lauderdale, FL 33319

**Please make your check payable to MonarchCare,  
or complete the following if you would like to pay with a credit card:**

Print name: \_\_\_\_\_  
*as it appears on your credit card statement):* \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*as listed On your credit card statement* \_\_\_\_\_

Type of card (*check one*)

Visa       MasterCard       Amex       Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

One-time charge    Monthly       Bi-monthly    Quarterly

\_\_\_\_\_  
*Signature of cardholder*

\_\_\_\_\_  
*Date*

MonarchCare, Inc. is a not -for- profit social service agency registered with the State of Florida #CH16999 and designated by the IRS as a 501(c)3 charitable organization.

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