



**Samaritan  
Caregivers**

2705 S Berkley Rd, Suite 3C  
Kokomo, IN 46902

*donation form*

### The Samaritan Caregiver Neighborhood

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- Believer (\$2500 or more)
- Samaritan (\$1000 - \$2499)
- Caregiver (\$500 - \$999)
- Neighbor (\$350- \$499)
- Friend (\$25 - \$249)

Amount \$ \_\_\_\_\_ [ ] Cash [ ] Check

[ ] Visa [ ] MasterCard [ ] Discover

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Credit Card Number

Expiration Date \_\_\_\_/\_\_\_\_

Your Signature \_\_\_\_\_

This donation made

In Memory Of \_\_\_\_\_

In Honor Of \_\_\_\_\_

Donor's relationship to person listed above \_\_\_\_\_

Who should be notified of this memorial or honorarium?

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

Address: \_\_\_\_\_  
Street Address City State Zip Code

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### DONOR INFORMATION

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

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Area Code

**YOU HELP US HELP OTHERS!**