Yes, I want to support the Good Samaritan Charitable Program at Christian Care Retirement Community

Name _____ Phone _____ City _____ State____ Zip _____ Enclosed Donation \$ _____

I wish to have my gift used for: (circle one)

- Resident Assistance
- Employee Education

• Other_____

Optional — In Memory or Honor of:

Please send acknowledgement to:

Thank you for your thoughtful consideration

Good Samaritan Charitable Program or other giving opportunities at For more information on the

Christian Care Retirement Community,

write to the Executive Director

orsake me not

or the Development Office.

Or contact us at (260) 565-3000 www.christiancarerc.org



Bluffton, Indiana 46714

3000 Samaritar Charitable Program

Cast me not off in the time of old age;



A nameplate may be designated in the name of the Care's main lobby, is available for a donor(s) mak Good Samaritan Charitable Program. ing a major contribution to Christian Care's donor(s) or in memory of a loved one.

A donor recognition plaque, located in Christian