



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_

Enclosed is my contribution of:

\$25     \$50     \$100     \$250     Other Amount \_\_\_\_\_

**I would like to make this gift:**

In Honor of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

**Please notify the following person of my gifts:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Gifts to the Fort Mill Care Center, Inc. are tax deductible.

**Please mail to:**  
Fort Mill Care Center, Inc.  
PO Box 1401  
Fort Mill, SC 29716-1401