

Donation Form

Your donation, small or big, is much appreciated - Thank You!

I/We wish to make a contribution. My/Our check for \$ _____ is enclosed.

I/We wish to pledge \$ _____ a month for the next year. Our first month's pledge is enclosed. (Lytton Gardens will send you a monthly reminder, if you make a pledge.)

I/We wish to receive information on additional support for Lytton Gardens through planned giving.

I/We are interested in learning more about volunteering at Lytton Gardens. Please send me/us information on the following volunteer opportunities:

- One on One Visits
- Dining Room Host
- Facility Functions (Library, Gift Shop)
- Staff Assistance (administrative)
- Activities Assistance
- Patient Companion
- Spiritual Support
- Take a Resident Out (walk, lunch)
- Grounds, Garden Work
- Education/Training
- Lead Discussion Groups

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ OCCUPATION _____

Print and fill out this donation form and mail or fax it back to us:

Fax (650) 617-7332 or
Lytton Gardens Senior Communities
Attn: Fund Development Department
437 Webster Street
Palo Alto, CA 94301

