

Please complete this form and mail it with your donation to: Share the Care Napa Valley, 162 South Coombs St., Napa, CA 94559, or email it to Heather Luna, Executive Director at heather@sharethecarenv.org

	Donor Name				_
	Option to donat	e in honor of memo	ry of:		
	Address				_
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	I have enclosed a c	heck payable to: S	ne amount of \$ hare the Care Nap d in the amount of	a Valley.	
Name on Credit Card			Credit Card #		
Expiration Date		CCV S	ecurity Code	Zip code	
<u>ADDI</u>	TIONAL WAYS TO D	ONATE TO US:			
Scan w	三,000000000000000000000000000000000000	Call Share the Care: # 707-492-3198		ax-Deductible. Tax ID # 81-5 ement letter will be your rece	

## THANK YOU FOR YOUR DONATION

Share the Care cannot serve its underserved older and disabled community's health, well-being, and independence without YOU! Every dollar makes a difference.