

Fall Non-Event Response Form



I/we want to help Wesley Manor provide financial aid to residents who need assistance.

Please choose your level of support, based on the average \$80/day per-person cost of charitable/subsidized care to recipients. **THANK YOU!**

- 1 Month — \$2,400
- 25 Days — \$2,000
- 10 Days — \$800
- 1 Week — \$560
- 5 Days — \$400
- 3 Days — \$240
- 1 Day — \$80
- Other: \$ _____

- My check is enclosed for the amount of \$ _____
- I wish to pledge the amount of \$ _____
 - monthly
 - quarterly
 - semi-annually
 - by 2020 year-end.
- I donated \$ _____ online at WesMan.org.

Name(s): _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____



THANK YOU!

To donate via credit card, you may either go online to www.WesMan.org; complete and return this card in the enclosed envelope; or call the Development Office at (502) 964-3959.

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Authorized Signature: _____

CARD TYPE:

- MasterCard
- VISA
- Debit/Credit Card
from Checking Acct.