



NOT ALONE!

CAMPAIGN



Yes! I wish to support elder well-being and companionship today.

- \$50** would provide a friendly home visit and holiday meal for 1 isolated elder.
- \$100** would provide 12 months of Friendship and Flowers visits to 10 homebound elders.
- \$500** would provide a full year of Visiting and Advocacy for 1 elder: regular home visits, phone check-ins, holiday meals, advocacy and referrals.
- \$1,000** would underwrite a social event that brings isolated elders together in community.
- Other \$** _____

My total gift is \$ _____ Check enclosed Credit card payment

Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____

Name on Card _____ CVV _____

Signature _____

My gift will be matched by my employer _____

This is a tribute gift: In memory of _____ In honor of _____

Please send a notification card to:

Name _____

Address _____

City _____ State _____ ZIP _____

My name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email Address _____

- I prefer that my gift remain anonymous.
- I would like to learn about adding LBFE to my estate plan.
- I would like to learn about volunteer opportunities.
- I would like to learn about becoming a sustaining donor with monthly giving.

Please return this form to:

Not Alone! Campaign, Little Brothers - Friends of the Elderly
1845 East Lake Street, Minneapolis, MN 55407

Donations are tax deductible as allowed by law. Nonprofit 501(c)(3) Federal Tax ID # 41-0986200