



Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

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| <input type="checkbox"/> Platinum Partner—\$5,000 and above | <input type="checkbox"/> Sponsor—\$250 to 499 |
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| <input type="checkbox"/> Patron—\$500 to 999                | <input type="checkbox"/> Other—\$ _____       |

*Yes! I wish to contribute to*

Adult Enrichment Services of  
Wilkes d.b.a

**The Ruby Pardue Blackburn  
Adult**

**Day Health Care Center**

1915 West Park Drive,

Suite 200

P.O.Box 984

N. Wilkesboro, NC 28659

336-667-2541

Check enclosed payable to **The Ruby Pardue Blackburn Adult Day Health Care Center**

Charge my credit card:    Visa    MasterCard    Discover    American Express

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Donate Online through PayPal:    [www.wilkesadulthoodcare.org](http://www.wilkesadulthoodcare.org)

I want to make this gift in:

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

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

Please acknowledge this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



*Thank you for investing in the improvement of lives in our community.*