




The Joy of Alternative Giving

GIFTS OF HOPE

I wish to support **Community Ministries of Rockville** by sharing with those in greatest need in our community. I have identified the person(s) in whose name(s) I am making my donation on the back of this flyer and understand that they will receive a card in my name. I wish to designate my donation to the program below.

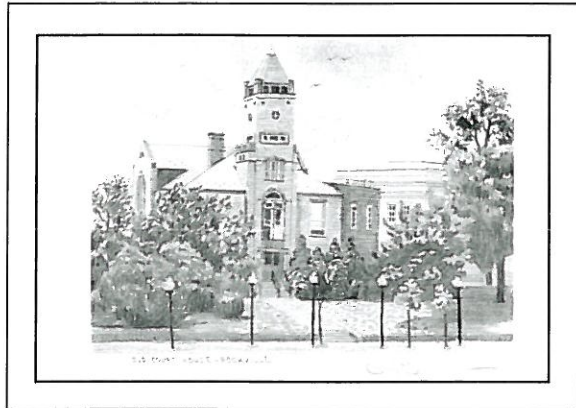
CMR PROGRAM	AMOUNT
<i>ELDERLY MINISTRIES PROGRAM</i> \$30.00 - 1 hour of Home Health Care for a frail senior \$100.00 - 3 month subscription for Emergency Response Device \$200.00 - Home Repair supplement	
<i>EMERGENCY ASSISTANCE PROGRAM</i> \$20.00 - Baby Formula \$50.00 - Prescription Supplement \$100.00 - Utility Supplement (to avoid cut offs) \$250.00 - Rent Supplement (to avoid eviction)	
<i>JEFFERSON HOUSE / ROCKLAND HOUSE</i> \$25.00 - 1 hour of Case Management \$50.00 - Household Supplies for 1 week \$75.00 - 1 session of Relapse Prevention \$100.00 - Utilities for 1 week	
<i>MANSFIELD M. KASEMAN HEALTH CLINIC</i> \$50.00 - Prescription Assistance \$60.00 - Labwork for one patient \$150.00 - 1 Patient Visit	
<i>LANGUAGE OUTREACH PROGRAM</i> \$40.00 - Books for 2 semesters of English classes \$50.00 - Healthy Snacks for children for 1 week \$90.00 - 1 Teacher for 1 week (4 hours) \$200.00 - 1 Class Semester for 1 student	
<i>PLEASE USE MY GIFT WHERE IT IS MOST NEEDED</i>	
GRAND TOTAL	



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I have chosen the services that I would like my donation to support on the reverse side of this page. I would like the person(s) below in whose name I make this donation, to receive this holiday card.



Front

*Rejoice in the Spirit of the Season
as a gift given in your name
is being received by those in greatest need.
May the warmth and the love with which
it has been given be yours today.
Best Wishes from
(Your Name)
and
Community Ministries of Rockville*

Inside Message

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Signature on Cards should read: _____

Card Type: Visa MasterCard Amount \$ _____ Check enclosed

Card No: _____

Exp. Date: _____

Name as shown on card: _____

Signature: _____

Mail this form and payment by December 19th to:

**Community Ministries of Rockville
1010 Grandin Avenue, Ste. A1
Rockville, MD 20851**