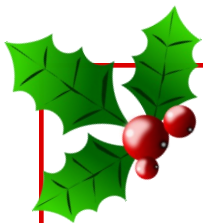


# The Joy of Alternative Giving

## GIFTS OF HOPE

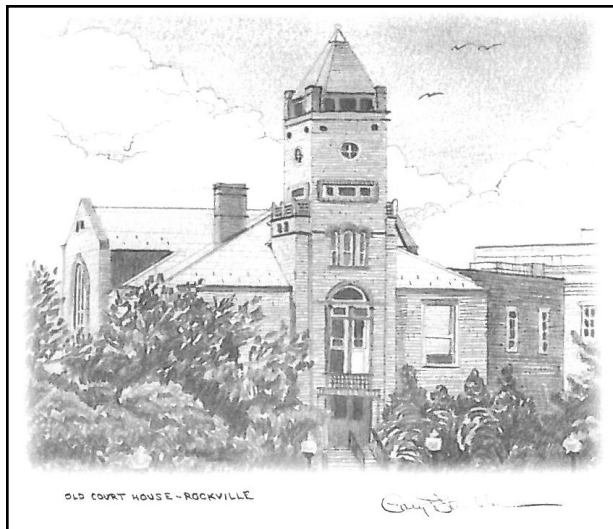
I wish to support Community Reach of Montgomery County by sharing with those in greatest need in our community. I have identified the person(s) in whose name(s) I am making my donation on the back of this flyer and understand that they will receive a card in my name. I wish to designate my donation to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

COMMUNITY REACH PROGRAM	AMOUNT
<b>KASEMAN HEALTH CLINIC</b> \$25.00 – EKG exam for uninsured patient \$50.00 – PAP smear or chest x-ray for uninsured patient \$100.00 – Diagnostic diabetic lab tests for uninsured patient	
<b>SENIOR REACH PROGRAM</b> \$50.00 – Protective bed rail for elderly client \$100.00 – Life link service for elderly client \$250.00 – 1 month of home care services for elderly client	
<b>ROCKVILLE EMERGENCY ASSISTANCE PROGRAM (REAP)</b> \$100.00 – Prescription assistance for REAP client \$250.00 – Utility payment for REAP client \$1,000.00 – Eviction prevention for REAP client	
<b>HOUSING PROGRAM (Rockland and Jefferson Houses)</b> \$25.00 – 1 week of Transportation to job for 1 resident \$100.00 – Supply of cleaning and paper products for 1 house \$1,000.00 – 1 month’s mortgage payment for Rockland House	
<b>LANGUAGE OUTREACH PROGRAM (LOP)</b> \$25.00 – Subsidy for professional English teacher \$50.00 – Teacher’s Manual for a semester of beginning English \$500.00 – Textbooks for a whole class of LOP students	
<b>PLEASE USE MY GIFT WHERE IT IS MOST NEEDED</b>	
<b>GRAND TOTAL</b>	

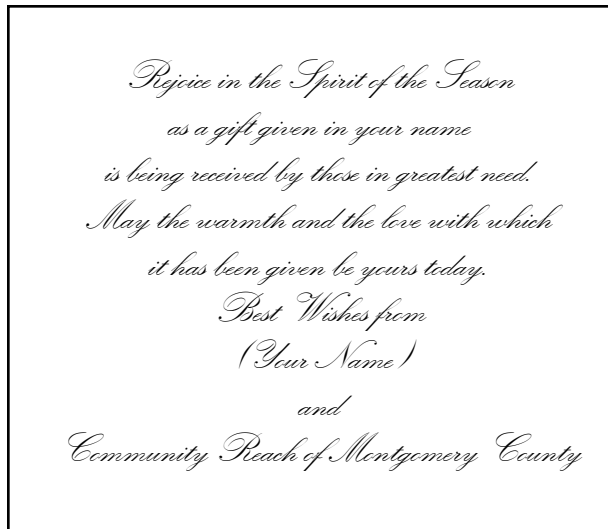


# The Joy of Alternative Giving

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**



**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 on Card: \_\_\_\_\_

Signature \_\_\_\_\_

Mail this form and payment by December 20th to:

**Community Reach of Montgomery County  
1010 Grandin Ave., Ste. A1  
Rockville, MD 20851**