

Your check, payable to "HHS, Health Options" will be gratefully received.  
You will receive a receipt for income tax purposes.

A gift of \$ \_\_\_\_\_ is enclosed. **Gold** \_\_\_\_\_ **Silver** \_\_\_\_\_ **Bronze** \_\_\_\_\_

Engraved Inscription: (Maximum two lines with 20 characters per line, including spaces).

First Line:

Second Line:



*Mission Statement:*

*Our mission is to promote the dignity of the individuals we serve by coordinating and providing quality services that focus on education, choice and advocacy.*



The HHS, Health Options®  
Community Options Fund

*Giving Tree*

## The HHS, Health Options® Community Options Fund Giving Tree

*Would you like to give back to your community by donating to the  
HHS, Health Options® Community Options Fund?*

HHS, Health Options® has been a resource for elders, caregivers, and others with long-term care needs since 1979. Unfortunately there are still some individuals who, although lacking the personal resources to cover their needs, do not qualify for other community or HHS Health Options® programs. Your Community Options Fund helps these individuals pay for services that will allow them to remain independently in the community. These services might include case management, homemaking, personal care, caregiver respite or funds for medical equipment.

We are offering our Community Options Fund supporters the opportunity to add a leaf to our Giving Tree. Giving Leaves can be inscribed with your name, your company name, the name of a family member, in memoriam or words of your own choosing.

*Community Options Fund Giving Leaves are available at the following levels:*

**Gold: \$150**

**Silver: \$100**

**Bronze: \$50**

Our beautifully crafted Giving Tree will remain on permanent display in the lobby of HHS, Health Options®. It is a unique opportunity to honor a loved one while giving back to your community.

Your generosity can make a wonderful difference in someone's life. Please fill out and mail in the form with your contribution amount.



Donor Name: \_\_\_\_\_  
Donor Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Please return this form and check to:

HHS, Health Options®  
Attention: Colleen Holland  
2100 Raybrook Street, SE  
Suite 203  
Grand Rapids, MI 49546