

# Sponsor-A-Ride Senior Transportation Program



*The Gift of Senior Mobility...*

## DONOR INFORMATION (please print)

Name(s): \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*If you would like to make a general donation to help meet transportation needs of seniors in your county, please go to (B)\*\***

## (A) If you would like to set up sponsorship for a specific senior, please complete the following:

### SENIOR SPECIFIC INFORMATION (please print)

Name(s): \_\_\_\_\_ Phone : \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
County:  Clark  Cowlitz  Wahkiakum  Skamania  Klickitat  
Relationship to Donor (if applicable): \_\_\_\_\_

**BEST USE OF FUNDS:** Donor may select to use or not use any publicly funded transportation programs the clients may be eligible for, such as Medicaid.

(Please select)  Use Client/Sponsor fund first. **OR**  Use other funds client may be eligible for first.

### INDIVIDUAL SENIOR FUNDS (please select type of sponsorship)

- General Use       Specific Purpose
- Shopping Centers/Grocery Stores       Senior Meals/Nutrition
- Health Appointments       Socialization/ Recreation
- Personal Needs/Other

## (B) For General Donations to help seniors in your county, please complete the following:

### GENERAL SENIOR FUNDS (County Appropriate)

General Purpose       Specific Purpose \_\_\_\_\_

### FREQUENCY OF PAYMENTS (individuals and general)

One time donation of \$ \_\_\_\_\_  Repeating Donation of \$ \_\_\_\_\_  
How often would you like to donate?  Monthly  Quarterly  Annually  Other  
(# of payments) \_\_\_\_\_ of \$ \_\_\_\_\_ to begin \_\_\_\_/\_\_\_\_/\_\_\_\_

### ACKNOWLEDGING YOUR GENEROSITY

Feel free to list or announce this gift to inspire other donors. Please use the following in all acknowledgements:

In Honor of \_\_\_\_\_  In Memory of \_\_\_\_\_  
 Other \_\_\_\_\_

I/We request that this gift remain anonymous.

For more information, please contact Mobility Coordinator: 360-735-5702 \* E-mail: [sherrig@hsc-wa.org](mailto:sherrig@hsc-wa.org)

Please make checks payable to: HSC-SAR. Send donation information to address below. Human Services Council is a 501c (3) nonprofit organization. Contributions are tax deductible as permitted by law. Tax Id# 91-0786572.