



“ I was moved when one of the residents made a ‘Guardian Angel’ contribution in my name. I wear my Guardian Angel pin to work every day, and even keep the ‘thank you’ note card that came with it on my desk.”

**“God will reward us for giving to others.”
Mark 9:41**



Please feel free to contact us :
Marsha Soboh
Director of Development
Apple Valley Christian Care Center
11959 Apple Valley Rd.
Apple Valley, CA 92308
(760) 240-5051
marshas@avccc.org
www.avccc.org

The tax-deductible funds raised through the Guardian Angel program will be used to expand and improve the services and programs we provide to the residents or you may designate your donation toward a specific purpose .

Apple Valley Christian Care Center
Foundation is a non-profit 501 (c) (3)



**Apple Valley Christian
CARE CENTER**

Guardian Angel Program

Make a tax-deductible donation in honor of any Apple Valley Christian Care Center nurse, CNA, rehab therapist, housekeeper, chaplain, activity staff, volunteer, administrative staff member, an entire department or other caregiver who made a difference in your visit or stay, or made a difference in the stay of your loved one.



Remember Your



**Apple Valley Christian
CARE CENTER**

Guardian Angel

A Special Note to My Guardian Angel:

When you make your tax-deductible donation in honor of a AVCCC caregiver/ healthcare provider or department, your Guardian Angel will receive this card along with a letter informing him or her of your thoughtful gift, unless you wish to remain anonymous. Your Guardian Angel will also receive a custom-crafted lapel pin to wear proudly.

I would like to contribute:

\$1000* \$ 500* \$250 \$100 \$50 Other gift: \$ _____

*Qualifies for placement on the donor tree in the lobby living room

Your gift is tax-deductible to the full extent allowed by law

My gift is in appreciation of a Guardian Angel at Apple Valley Christian Care Center:

Caregiver's name or department name:

(First) _____ (Last) _____

Your Guardian Angel will be notified of your special tribute gift.

Please charge \$ _____ to my Visa MasterCard

Card No. _____ Expiration date: _____

Print name as it appears on the card: _____

Signature _____

OR

Enclosed is my check for \$ _____ made payable to Apple Valley Christian Care Center Foundation.

Name _____

Address _____ City _____

State _____ Zip _____ Telephone (_____) _____

Email Address _____

I would like to learn how to increase my income and decrease my taxes through charitable estate planning.

**Please mail to: Apple Valley Christian Care Center
Guardian Angel Program - Attention: Marsha Soboh
11959 Apple Valley Rd.
Apple Valley, CA 92308**