

APHASIA CENTER of CALIFORNIA



Please accept my tax deductible gift of:

() \$30 () \$50 () \$100 () \$250 () \$500 () \$_____

Please enclose check payable to :

Aphasia Center of California.

My name _____

Address _____

City _____

State _____ Zip _____

Phone _____

My gift is:

() In Honor of _____

() In Memory of _____

Please notify:

Name _____

Address _____

City _____

State _____ Zip _____

() My company will match this gift.

Company name _____

() Please contact me about donation of stock/
appreciated securities.

Aphasia Center of California

3996 Lyman Road, Oakland, CA 94602

www.aphasiacenter.org