

To: SEM Haven Health & Residential Care Center

I/We would like to be recognized in the Honor Role of Donors.

From: \_\_\_\_\_  
\_\_\_\_\_(YOUR NAME)

Please do not publish my/our name(s).

I/we support the mission and priorities of SEM Haven and would like to make a tax-deductible gift of \$\_\_\_\_\_.

Please contact me about establishing a charitable gift annuity trust.

Please remove my name from the annual appeal mailing.

Name(s) \_\_\_\_\_

Please make check payable to SEM Haven Health Care.

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_



This gift is in memory of:  
\_\_\_\_\_

This gift is in honor of:  
\_\_\_\_\_

Please send gift acknowledgment to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Milford, Ohio 45150-1009  
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Fax: 513-248-0318