

KENDAL[®] at Oberlin
Together, transforming the experience of aging.[®]

Enclosed is my / our gift of \$ _____ to Kendal at Oberlin.

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I am affiliated with a matching gift company. (Please include form.)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please allocate my gift to the following fund:

- | | |
|---|--|
| <input type="checkbox"/> Unrestricted Fund | <input type="checkbox"/> Residents Assistance Fund |
| <input type="checkbox"/> Stephens Staff Education Fund | <input type="checkbox"/> Kendal Endowment Fund |
| <input type="checkbox"/> Barbara Thomas Leadership Development Fund | <input type="checkbox"/> Sustainability Projects Fund |
| <input type="checkbox"/> Community Outreach Fund | <input type="checkbox"/> Employee Emergency Fund |
| <input type="checkbox"/> Outreach – Senior Independence Fund | <input type="checkbox"/> Kathleen E. Knipper Early Learning Scholarship Fund |

My gift is: In Memory of: _____

In Honor of: _____

On the Occasion of: _____

Please send notice of gift to:

Street Address: _____

City: _____ State: _____ Zip Code: _____

I have included _____ in my estate plans.
Specific Community / Affiliate or Kendal Charitable Funds

Please send me information on bequests and gifts that return lifetime income.

Please make check payable to Kendal at Oberlin and send donation to:
Kendal at Oberlin | 600 Kendal Drive | Oberlin, Ohio 44074 | Attn: Philanthropy Office