

Enclosed is my/our gift of \$_	to The Lat	hrop Communities.
Name(s):		
Address:		
		Zip Code:
Phone: ()	Email:	
I am affiliated with a	matching gift company. (Ple	ease include form.)
Business Name:		
City:	State:	Zip Code:
Business Phone: ()	Email:	
Please allocate my gift to the Resident Assistance Fun	ne following: nd Unrestricted Fun	nd
My gift is		
In Memory of:		
In Honor of:		
On the Occasion of: _		
Please send acknowledgmen	nt to:	
Please use my gift unrestrict	ted or for (specify pur	rpose)
I have included	ic Community/Affiliate or Kendal	in my estate plans. Charitable Funds
Please send me inform	nation on bequests and gifts	that return lifetime income.
Diama Malas Charl D	Ll. 4. Th. I -4h C	:4: J C J D

Please Make Check Payable to The Lathrop Communities and Send Donation to:
The Lathrop Communities

100 Bassett Brook Drive | Northampton & Easthampton, MA 01027 | Attn: Philanthropy Office