

## Sponsor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State • Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Payment Information:

Cost: \$80.00 per bed

Amount: \$ \_\_\_\_\_ for \_\_\_\_\_ bed / beds

Cash

Check  
make payable to UCARE, Inc.

*UCARE is a non-profit 501(c)3 organization*

*All donations are tax deductible as  
determined by law.*

*Your support is greatly appreciated.*



UCARE, Inc.  
3704 Fernleigh Dr  
Troy, MI 48083

[www.ucareinc.org](http://www.ucareinc.org)

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*UCARE Inc.*

*Buy a Bed  
for a Child*



*"Happy is the one with sweet dreams ."*  
Lesya Ukrainka

