

**Yes! I want to help provide mobility, independence and dignity
to the frail elderly and disabled.**

Enclosed is my donation of:

- \$30 provides 1 person two rides per week for 1 month
- \$100 provides 6 seniors rides to life-sustaining dialysis treatments for 1 week
- \$365 provides 1 person two rides per week for 1 year
- \$500 provides 10 seniors rides to a daily meal program at their local senior center for 6 months
- \$1,000 provides 50 people rides to their medical care for 1 year
- \$2,500 provides routine maintenance for 1 van for one year
- I would prefer to donate another amount \$_____

The possibilities are endless! Please give generously.
All contributions are tax-deductible to the extent allowed by law.

My check made payable to "Easy Lift" is enclosed.

Please charge my Visa Mastercard

Amount \$_____ Card No. _____

Exp. Date _____ Signature _____

Donor Information:

Name _____

Company Name _____

Address _____

City/State/Zip _____

Email _____

In Memory **In Honor of**

Name _____

Please notify _____ of this contribution.

Address _____

City/State/Zip _____

My employer has a matching gift program.

Please contact _____ Phone# _____

Please contact me about a gift of property or stocks.

Please contact me. I am interested in giving to Easy Lift Transportation through my will or trust.

To donate online visit us at www.easylift.org
or donate by mail.

Easy Lift Transportation
53 Cass Pl
Goleta CA 93117-3138

Please call 805-681-1623 for more information.



For more than 30 years providing transportation for people with limited mobility in south Santa Barbara County.

Services

Dial-A-Ride
Contract and Charter Services
C.A.T. (Children's Accessible Transportation)
Loaner Vehicle Program
Human Services Radio Network Dispatch Service
Mobility Training Service
Project Safe Streets

Mobility. Independence. Dignity.

Thank you for your donation!