### Become A Donor

YOU can make an impact and be a part of this legacy through investing in a naming opportunity. We invite you to choose from the many levels listed in this brochure and make a pledge. All donations are tax deductible and will be acknowledged as a donation for the building fund.

Since 1971, Bayview Senior Services has operated the Dr. George W. Davis Senior Center, named after the agency’s executive director of 30 years, who passed away in 2010. It was his vision — and now that of the community — to create a one-of-a-kind, state-of-the-art senior center co-located with senior housing to ensure a safe and vibrant future for the neighborhood’s aging population. This dream is now a reality.

Bayview Senior Services
1706 Yosemite Ave
San Francisco, CA 94124
Phone: 415-822-1444
Fax: 415-822-5327
www.bhpmss.org

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### Choose Your Pledge

- Remembrance Stone ($250)
- Adinkra Symbol ($500)
- Leaf on Donor Tree ($1,751)
- Legacy Bench ($5,000)
- Redwood Tree ($2,500)
- Naming Wall ($5,000 to $1 Million)
- Naming Rooms ($100,000 to $500,000)
- Other ____________________

This document is funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private independent foundation, TCWF’s mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.
Naming Opportunities

LEGACY BENCH
• Purchase a Legacy Bench and name it with a placard
$5,000

REDWOOD TREE
• Purchase a tree in the Redwood Grove and name it with a placard
$2,500

LEAF ON DONOR TREE
• Make a donation of $1,751 and your name will be placed on a Leaf on the Donor Tree inside of the Senior Center
$1,751

ADINKRA SYMBOL
• Make a donation of $500 and you or your loved one’s name will be placed on a window inside of the Senior Center
$500

REMEMBRANCE STONE
• Purchase a Remembrance Stone in honor of your loved one and it will be placed in the Memory Garden
$250

Make Your Pledge
Name: ______________________________
Address: ______________________________
City: _________________________________
State: ____________ Zip: __________
Phone: _______________________________
Email: ______________________________

I pledge a total of $___________ to be paid:
☐ Now ☐ Monthly ☐ Quarterly ☐ Yearly

I plan to make this contribution in the form of:
☐ Cash ☐ Check ☐ Credit Card ☐ Other _______________________

Please make checks payable to: BHPMSS

Credit Card Type: _______________________
Exp. Date: ____________________________
Credit Card Number: _______________________

I wish to pledge this in honor of: _______________________

I wish to pledge this in memory of: _______________________