



Heard it through the Grapevine

MEMORY CARE™ HOME SOLUTIONS

Spring 2013

1526 South Big Bend Blvd
Saint Louis, Missouri 63117
Phone: 314.645.MCHS
(6247)
Fax: 314.645.6249
www.memorycarehs.org

On Thursday, April 11, 2013 - Memory Care Home Solutions will host its **2nd Annual Spring Event, *Heard It Through The Grapevine*** at The Edgewild Restaurant in Chesterfield. Watlow Electric, Tom Glaser and Chris Marshall, will be honored with the Memory Care Home Solutions Community Volunteer of the Year Award; in honor of their extraordinary commitment to Memory Care Home Solutions.

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As a caring member of our community, you can help Memory Care Home Solutions extend and improve quality time at home and ensure safety for families caring for loved ones with memory loss, dementia or Alzheimer's disease.

Please consider supporting this Event and great cause. We are requesting Sponsorships, Ticket Purchases and/or donations of wine (minimum value of \$25.00) and gift certificates to local restaurants for our Wine & Dine Raffle. Please call Erin Kelley at (314) 645-6247 with any questions or if you would like to arrange for us to pick up any items you wish to donate. Please send your donation in by Monday, April 1, to ensure we can include it in the Raffle. We will include the donor individual/family and/or company name on a "cellar" tag on donated bottles of wine.

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Memory Care Home Solutions is designed to reduce caregiver stress and to improve and extend time at home for families caring for a loved one with memory loss, dementia, or Alzheimer's disease. The mission is achieved through three programs: Customized Caregiver Training & In-home Consultation, Education and Outreach. Each of these programs helps both caregivers and their loved ones with severe memory impairment remain at home for as long as possible with the best quality of life possible.

In our last program year, over 3,500 caregivers benefit from these programs, many in low-income brackets. Seventy-eight percent of clients were disadvantaged. Families, who are impoverished, as well as struggling with the additional challenges of being a caregiver, urgently need the support and services Memory Care Home Solutions can provide. However, they cannot afford to pay for them. Your support will truly make a difference in their lives.

Your help is truly needed. Please join us in celebrating our mission and a successful event. Thank you for your consideration.

With Gratitude,

Erin Kelley
Director of Advancement
ekelley@memorycarehs.org

Major Funding Provided by:

The Horncrest Foundation
Express Scripts Foundation



Heard it through the Grapevine

Thursday, April 11, 2013 • 6 - 8:30 pm

Red & white wines, artisan beer,
appetizers and live music

Location: EdgeWild Restaurant and Winery
550 Chesterfield Center • Chesterfield, MO 63017

Tickets are \$35 per person. Purchase online: <http://memorycarehs.org/SpringEvent.htm>

For more info: event@memorycarehs.org • 314-645-6247 • To benefit Memory Care Home Solutions



INDIVIDUAL TICKET/SPONSORSHIP COMMITMENT FORM

PLATINUM Sponsor \$5,000 (One Available) – Exclusive sponsorship of Photo Booth, 25 tickets to the event including two drinks each and appetizers; Logo prominently placed on Welcome Banner; Prominent acknowledgement during evening program; Front page link on website; Logo displayed on video loop playing at event; Name highlighted and emphasized on all email correspondence regarding event; Vendor table at health fair;

GOLD Sponsor \$2,500 (Three Available) - 15 tickets to the event including two drinks each and appetizers; Logo placed on Welcome Banner; Prominent acknowledgement during evening program; Front page link on website; Logo displayed on video loop playing at event; Name on all email correspondence regarding event; Vendor table at health fair;

SILVER Sponsor \$1,000 (Five Available) - 10 tickets to the event including two drinks each and appetizers; Logo placed on Welcome Banner; Acknowledgement during evening program; Front page link on website; Logo displayed on video loop playing at event; Name on all email correspondence regarding event; Vendor table at health fair;

FRIENDS of MCHS \$500 - 4 tickets to the event including two drinks each and appetizers; Link on website; Logo displayed on video loop playing at event; Name on all email correspondence regarding event;

SUPPORTER of MCHS \$250 - 2 tickets to the event including two drinks each and appetizers; Link on website; Logo displayed on video loop playing at event; Name on all email correspondence regarding event;

Individual Ticket \$35 until April 1, 2013 (\$40 after and at the door) -One ticket including two drinks and appetizers

Wine and Dine Basket Raffle Tickets - \$5 each or 5 for \$20

Total Donation Amount: _____

Sorry, we cannot participate as an event sponsor, but would like to make a donation of \$ _____

All Sponsorships can be secured at www.memorycarehs.org

COMMITMENT FORM

Sponsor Name (as to be listed) : _____

Contact Name: _____ Phone: (_____) _____ - _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Check Visa American Express Discover MasterCard

Name on Card: _____ Exp Date: ____/____ Security Code (required): _____

Credit Card Number: _____

I authorize Memory Care Home Solutions to process the above card for the stated donation amount.

Signature: _____ Date: _____ Total Amount: \$ _____

Make check payable and mail to: Memory Care Home Solutions, 1526 South Big Bend Blvd., St. Louis MO 63117
Sponsorship Commitments/Logos must be received by April 1, 2013 to appear on Event Signage

Questions? Contact Erin Kelley office 314-645-6247 • fax 314-645-6249 • email ekelley@memorycarehs.org

Memory Care Home Solutions is a non-profit, tax-exempt organization under section 501(c) 3 of the IRS code.
Donations are tax-deductible.



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DONATION FORM

Donated Item/ Package: _____

Donated Item/Package Value:\$ _____ Item (circle one): will be mailed will be delivered must be picked up

Expiration Date and/or
Restrictions: _____

Name of Donor/Company (as to be listed) _____

Contact Name: _____ Phone: (____) _____

Title: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cash/Check Donation Information (if applicable): _____

Gift Card/Certificate Enclosed: _____

Credit Card: ___ Visa ___ American Express ___ Discover ___ MasterCard

Name on Card: _____ Exp Date: _____/_____ Security Code (required): _____

Credit Card
Number: _____

I authorize Memory Care Home Solutions to process the above card for the stated donation amount.

Signature: _____ Date: _____ Total Amount: \$ _____

Make check payable and mail to: Memory Care Home Solutions, 1526 South Big Bend Blvd., St. Louis MO 63117
Questions? Contact Erin Kelley office 314-645-6247 • fax 314-645-6249 • email ekelley@memorycarehs.org

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Donations are tax-deductible. A tax letter will be mailed for your records.

Received Date: _____ By: _____