

A Gift of Nature



Your Name _____

Your Address _____

City _____ State _____ Zip _____

Your Phone _____ Email _____

Loved One's Name _____ Facility _____

- \$100 1 Day-Long Retreat for Senior
- \$45 1 Day-Long Retreat for Family Member Joining Loved One
- \$ ____ Scholarship Fund Donation for Low Income Seniors. (\$100 donation suggested.)
- \$ ____ Total

Please mail a check to: Weaver's Tale Retreats 4026 NE Davis St. Portland, OR 97232