

# RESPONSE SHEET

## Autumn 2009

Your Details: .....Position (if applicable).....

Care Home       Organisation       Professional       Public

Address: .....

.....

.....Post Code:.....

Telephone: .....

Email : .....

### Please tick the appropriate box to indicate your requirements

I would like to receive future mailings  **by post**  **or by email** and have updated our details above

I would like you to send me ..... copies of the CareAware newsletter for Autumn 2009.

I would like to receive more information about CareAware's postal Lasting Power of Attorney service.

I would like to receive ..... copies of CareAware's public information DVD at £2.99 per copy. Cheques payable to CareAware.

I would like to support CareAware with a donation of £..... Cheques payable to CareAware.

I would like to nominate the following person for a Community Carer Commendation as I believe they have demonstrated a commitment to promoting awareness about care in their local community through **their use of the CareAware initiative**. (Please provide details and a brief reason below):

I would like to nominate: .....

Address:.....

.....

..... Post Code: .....

Brief details (if more space required, continue overleaf):.....

.....

.....

Please note: Due to the cost involved, it may not be possible for us to accommodate requests for large amounts of literature.

Return to:

## CareAware

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Manchester  
M30 9NY**

**0161 707 1107**  
**enquiries@careaware.co.uk**  
**www.careaware.co.uk**

24 September 2009 10:12:53 by darrenhughes Rowdrive.rjp I6633 CareAware\_response\_sheet\_Autumn\_09.ID: 53627 150,0 dpi Emulsion: up Flat no: 1 Contone/Round CyanMagentaYellowBlack DotGain: None ColorSet: None TrapSet: None