

RESPONSE SHEET

Summer 2010

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

Care Home Organisation Professional Public

Address:

.....

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

Telephone:

Email :

I would like you to send me copies of the CareAware newsletter for Summer 2010.

I would like to receive more details about Care Asset Management's service to help residents self fund their care.

I would like to receive more details about CareAware's postal Lasting Power of Attorney service by telephone by post.

I would like to support CareAware with a donation of £..... Please make 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

**PO BOX 8
Manchester
M30 9NY**

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