

# Mission: Christian Caring

Enhancing lives through a commitment to individualized care in a home empowered by God's love.



## NEWALDAYA



LIFESCAPES  
You'll Live Better

7511 University Ave.  
Cedar Falls, IA 50613

**(319) 268-0401**

[www.NewAldaya.org](http://www.NewAldaya.org)



## Showing APPRECIATION



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Often, residents or their family members express gratitude by sending a note or offering kind words of thanks for the care they received. Many would like to do more, but don't know how. Similarly, caregivers appreciate the time and talents of residents, family, and volunteers and don't know how to express their gratitude.

The Guardian Angel program gives residents, their families and staff the opportunity to acknowledge the exceptional work of those influencing their lives, and at the same time, support NewAldaya Lifescapes in continuing its mission.

A monetary gift of any amount will be acknowledged as a Guardian Angel donation. Funds received through this program will be utilized to support the ongoing needs of the organization. Through your donation, your Guardian Angel will receive their "wings" and will be recognized publicly with a certificate as well as a custom-designed lapel pin to wear proudly.



## Guardian Angel Levels

### *First Time Selected:*

- Certificate
- Lapel Pin

### *Second Time Selected:*

- Certificate
- T-Shirt
- Inducted into the Wings Hall of Fame

### *Any additional times selected:*

- Certificate
- Honorary member of the Wings Hall of Fame

## Wings Hall of Fame

Guardian Angels recognized more than one time will be inducted into the Wings Hall of Fame. Inductees will be recognized on our website as a Two Time Guardian Angel Recipient, Three Time Guardian Angel Recipient and so on. They will also be invited to the Annual Wings Hall of Fame Luncheon that will be held every year to honor the Guardian Angels.

Yes, I would like to nominate a Guardian Angel.

Guardian Angel's Name

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Relationship with Guardian Angel

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Message to Guardian Angel

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Donor(s) Name

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Address

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City

State

Zip

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Phone

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Email

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Payment Information

Amount .....\$ \_\_\_\_\_

Payment Type:

- Cash
- Check
- Credit Card
  - Visa
  - MasterCard
  - Discover

Card Holder's Name

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Exp. Date

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