

Urgent Fund-Raising Appeal! Join the 2024 Advocacy Campaign to RAISE OUR RATES! Contribute to Protect Access to CBAS

Our Goal: \$500,000 - Pledge or Donate Today!

CAADS is rallying for your assistance to finance the **RAISE OUR RATES Initiative** to push for a Medi-Cal rate hike in the 2024-25 state budget.

Contributions will be used to back a major advocacy effort to increase the CBAS daily rate from \$76.27 to \$122 per individual each day to reflect the changes in inflation since 2009. This will involve a law to stop managed care plans from remitting below this published rate. We need your support to keep our CBAS centers open and functioning for families and participants throughout the state.

Join us in this plea for action to benefit <u>everyone</u> by achieving a lasting rate that will boost, stabilize, and help your programs succeed.

Important: Contributions to the California Adult Day Services Adv	ocacy Fund are <u>not</u> tax-deductible.
Donation/Pledge: \$200 \$500 \$1,000 \$3,000	5,000 Other: \$
Payment Now Pledge Monthly Paymer (Payable to: CAADS) (Invoice me)	ents Starting / / /
Donor First & Last Name:	Tel: ()
Email:	Fax: ()
Organization:	
Mailing Address:	
City / State / Zip:	Donation is from: [] Me [] Organization
Credit/Debit Card Payment - Please charge the amount indicate	ed above to:
□ VISA (credit/debit card) □ MasterCard (credit/debit card) □ D	iscover Card 🛛 American Express
Card Number:	
C V V Code Expires Name that appears on card	Signature
Cardholder's Street Address	Zip Code
Make your donation go further by paying with a check or do	ebit card to avoid credit card fees
Please return this form with payment	or pledge to:

CAADS | 1107 9th Street, Suite 701 | Sacramento, CA 95814 | FAX: (866) 725-3123 | EMAIL: caads@caads.org