

GIFT FORM

This form will serve as a record that _____ (Client or Client Representative) has gifted the following item(s):

- 1) _____
- 2) _____
- 3) _____

to _____, an employee of
(_____), d.b.a. an independently owned and operated
Home Instead Senior Care franchise, on _____.

*Names typed below indicate a
signature.

Client or Client Representative

Date

Employee

Date

Franchise Office Representative

Date

Each Home Instead Senior Care franchise office is independently owned and operated.