



**100**

**CONSUMER  
REWARDS PROGRAM**

**ONE HUNDRED**



**FIFTY**

**CONSUMER  
REWARDS PROGRAM**

**50**



TWENTY

20

CONSUMER  
REWARDS PROGRAM



TEN

10

**CONSUMER  
REWARDS PROGRAM**



**FIVE**

**CONSUMER  
REWARDS PROGRAM**



**CONSUMER  
REWARDS PROGRAM**

**ONE**



## OUR MISSION

To enable individuals whose independent living skills are impaired by disability, illness or injury, to achieve and maintain self-reliance, fulfillment and comfort at home, at work and in the community, by providing the best comprehensive home, health and rehabilitation services.





NO.

# CONSUMER REWARDS VOUCHER

PAY TO THE ORDER OF \_\_\_\_\_

DOLLAR AMOUNT IN NUMBERS \_\_\_\_\_

DOLLAR AMOUNT IN WRITING \_\_\_\_\_

\_\_\_\_\_  
DATE GIVEN

\_\_\_\_\_  
MANAGER OR ASSISTANT

\_\_\_\_\_  
CONSUMER

\_\_\_\_\_  
STAFF

\_\_\_\_\_  
DATE CASHED

\_\_\_\_\_  
MANAGER OR ASSISTANT

\_\_\_\_\_  
CONSUMER

\_\_\_\_\_  
STAFF