

3rd Annual MARYLAND



DONATION FORM

Saturday, June 9, 2018

Please provide the following information:

Name: _____

Mailing Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country (if other than USA): _____

Email Address: _____

Phone Number (1st preference for contact): _____

Alternate Phone: _____

I would like to make a one-time gift of (please enter amount) \$ _____

I would like to make a recurring gift. Gift amount \$ _____

Frequency of payments (please check one): Monthly ___ Quarterly ___ Annually ___

Total number of payments (how many total payments would you like to make) _____

For a Tribute Donation

This gift is in honor of _____

OR, this gift is in memory of _____

This gift is from _____

If you would like CARES to send an acknowledgement of this gift please provide the name and address of the person receiving the acknowledgement: NAME _____

MAILING ADDRESS _____

MESSAGE (if you would like to include a personal message in the acknowledgement card, please write it below: _____

Please mail to: CARES Foundation, 2414 Morris Ave, Ste 110, Union, NJ 07083.

Please make checks out to, CARES Foundation, Inc.

For credit card donations, please use the secure online form or call our office: 866-227-3737.

If you are interested in a company Match by your employer or in making a stock donation, please call our office: 866-227-3737.

Thank you for your donation!