



## DONATION FORM

Please provide the following information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number (1<sup>st</sup> 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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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!*

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