



## 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) \_\_\_\_\_

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### 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 \_\_\_\_\_

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

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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!**