



# Donation Form

### Yes, I want to help!

- \$100
- \$200 – one day of care
- \$400 – two days of care
- \$600 – three days of care
- \$1,400 – one full week of care
- \$\_\_\_\_\_ other

Donor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

To receive our Newsletter electronically, please provide your email:

I would like to make a tribute gift. This donation is:

- In memory of
- In honor of

Please provide the name and address of person to notify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Payment Options

- Check enclosed  
*(Please make checks payable to Carolina Comfort Coalition)*
- Please charge \$\_\_\_\_\_ to my:
- Visa       Mastercard       AMEX       Discover

**Please mark any items you are interested in:**

- My employer participates in a Matching Gift Program. The forms are enclosed.
- I am interested in setting up a recurring donation.
- I would like to know more about creating a legacy and maximizing my gift through planned giving.
- I would like to attend an upcoming Lunch & Learn program.

Name on Card: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ CID: \_\_\_\_\_

For your convenience, your gift may be made through our secure website at  
[www.carolinacomfortcoalition.org](http://www.carolinacomfortcoalition.org).  
**Your donation is 100% tax-deductible.**