

PRINT OUT & MAIL IN DONATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____

Email: _____

WAYS TO GIVE

Please check off one of the following:

I am making a general contribution to be used in any of your programs.

I want to make a memorial gift in memory of: _____.

Please include an acknowledgement to: Name: _____

Address: _____

City, State, Zip: _____

My company has a Matching Gift program. The matching gift form is enclosed.

I intend to include the Margaret Anna Cusack Care Center in my will.

FINANCIAL INFORMATION

Enclosed, is my check made payable to the Cusack Care Center in the amount of:

__\$50 __\$100 __\$250 __\$500 __\$1000 __other _____

Please charge my contribution in the amount of \$_____ to my:

__ Visa __ MasterCard __ AMEX __ Discover

Credit Card # _____ Exp. _____

Signature _____

Name (as it appears on card): _____

Thank You!
 Please include this form and the check for the total amount of your tax-deductible donation in an envelope and mail to the address below.