

Please print this form, fill it out completely, and mail or fax it to Community Caregivers at 2021 Western Avenue, Suite 104, Albany, NY 12203, fax (518) 456-2895. Your donation is appreciated by our Board, staff, and most importantly, the people we serve.

## YES, I want to help Community Caregivers lend a helping hand . . .

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Card Number			Expiration Date			
Name (as it appears on credit ca	rd)			rizing charge to cro Phone	edit card)	
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☐ I pledge a gift of \$ an	d I will o	complete pledg	ge payment b	y this date: _		
Please send me pledge installme	nt remin	ders 🖵 week	ly 🖵 mon	thly 📮 qua	arterly	
I would like information about v	volunteer	ring.				
☐ I would like to have a confident in my will or through a gift of lif			0 0	to Commur	iity Caregivers	
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Your Name(s)						
Organization (for group donation)						
Mailing Address						
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This is a special donation in	<b>.</b>					
☐ Celebration of (birthday, anni		promotion.	ervice, grad	luation, rec	overv. etc.)	
Event:	•	-				
Honor of Memory of						
Name(s):						
Please notify the following person(s						
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