



75 Sylvan Street, Suite B-102  
Danvers, MA 01923

## Charitable Donation Form

Your tax-deductible gift will support the mission of Care Dimensions to enrich the quality of life for those affected by life-limiting illness, death and loss. Thank you!

**This gift is from:** (Please print)

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This gift is:  in honor /  in memory of: \_\_\_\_\_

**Please send notification of this gift to:**

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Enclosed is my gift in the amount of \$ \_\_\_\_\_, payable by:

Check (Please make check payable to: **Care Dimensions**)

Please charge my credit card \$ \_\_\_\_\_  one-time  monthly starting \_\_\_\_\_  
(date)

Credit Card:  VISA  MasterCard  American Express  Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Today's date: \_\_\_\_\_

**Thank you for your support!**

Questions? Please call the Development Office at: 978-223-9787  
or e-mail [philanthropy@caredimensions.org](mailto:philanthropy@caredimensions.org)