



DONATION FORM

**NAME OF DONOR:** \_\_\_\_\_

\_\_\_\_\_ *Check here if you wish your donation to remain anonymous*

Contact Person (if different from donor): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**DONATION INFORMATION:**

CASH/CHECK: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ (please also complete credit card authorization form)

ITEM(s): \_\_\_\_\_

If ITEM(s), Estimated Value: \_\_\_\_\_

Description (if applicable): \_\_\_\_\_

\_\_\_\_\_

(If you would like to make your contribution by credit card, please complete the Credit Card Authorization form then email or fax the signed and completed form for processing.)

*Thank you for your contribution: CARE is a charitable organization and exempt from taxation under Section 501(c)(3) of the IRS code. The Federal Identification Number is 45-2798086. Please make all checks payable to C.A.R.E.*

Please mail or fax a copy of this form to CARE, or call (910) 256-2624. Please retain a copy of this form for your tax purposes or if you would like us to mail you a tax receipt, please check here. \_\_\_\_\_

1808 Sir Tyler Drive  
Wilmington, NC 28405  
Phone (910) 256-2624 Fax (910) 256-2981  
www.CAREWilmington.org CARE@AAHPCR.com