



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: _____

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