

Please print this form and mail to Community Caregivers:
2113 Western Ave, Suite 4, Guilderland, NY 12084

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

- I have enclosed a gift of \$_____.
- Please charge \$_____ to my: Mastercard Visa _____
- _____ / ____ / _____
- Card # Expiration Date

Name (as it appears on credit card)

Signature (authorizing charge to credit card)

Mailing Address (for credit card holder)

- I pledge a gift of \$_____ and I will complete this pledge by the date of_____.
- Please send me pledge installment reminders:
- weekly monthly quarterly other_____
- I would like information about volunteering.
- I would like to have a confidential conversation about leaving a gift to Community Caregivers in my will or through a gift of life insurance, trust or annuity.

Total gift / pledge: \$ _____

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____

This gift is in:

- Honor of:** (birthday, anniversary, promotion, service, graduation, recovery, or other occasion)
Name: _____
- Memory of:** _____

Please notify that I have made this gift, at: _____

Mailing Address _____

City _____ State _____ Zip _____

Community Caregivers is a nonprofit organization, registered as a 501(c)(3) with the Internal Revenue Service. Your gift is tax-deductible to the extent of the law. Copies of our annual report or IRS Form 990 are available from the NYS Charities Registration Office at 162 Washington Avenue, Albany, NY 12210 or by calling our office at (518) 861-5181.