



Mail-In Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

My gift is: in Honor of: in Memory of: M _____

Please send acknowledgement of my gift to: _____

Address: _____

City: _____ State: _____ Zip: _____

My donation is in the amount of:

\$500 \$250 \$100 \$50 \$25 Other _____

Enclosed is my check, payable to ImmaCare Inc.

Please charge my credit card (Visa, MC, AMEX)

I'd like to set-up a recurring deduction on the _____ day of each month.

Name on Card: (please print) _____

Card number: _____ Exp. Date: _____

Signature: _____ CVV verification code: _____

My company has a matching gift program: _____

(Company Name)

All gifts to ImmaCare Inc. are tax-deductible as allowed by law.

Print out this form and mail to the address below. If you have questions about the ImmaCare Endowment Fund, would like to transfer stock, are planning to include ImmaCare Inc. in your will or have any questions regarding making a donation, please call the Development Office at (860) 580-5644.