



Donation Form

If you would prefer to mail your gift rather than giving online, please complete this form and mail to the following address:

Caring Foundation–Care Van Program
1001 E. Lookout Drive
Richardson, Texas 75082

Please make check(s) payable to: **Caring Foundation of Texas**

Complete the following information (Please PRINT):

Name of Donor(s): _____
(please print name as you would like it to appear in any donor listing/communications)

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number(s): _____

Preferred Email Address: _____

Gift Details (Please PRINT):

Enclosed is my gift of (circle one): \$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

Payment Method (circle one): Check Enclosed Credit Card

Credit Card Type (circle one): Amex Visa Mastercard Discover

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

Make this donation a Tribute Gift (optional):

Check one of the following (please print):*

This gift is in Memory of: _____

This gift is in Honor of: _____

Occasion (i.e. Holiday Card, Birthday, Anniversary): _____

Your relationship to the honoree: _____

To honor additional friends or loved ones, include names and addresses on a separate sheet

Tribute Gift Notification (optional):

If you would like us to notify someone of your thoughtful gift (gift amount will not be disclosed), please provide the following information (please print):

Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Thank you for your support of the **Caring Foundation of Texas**. You will receive a receipt recognizing your tax-deductible contribution. For questions, please contact us at **972.766.3341** or **info@carevan.org**.