



ImmaCare Inc.

Improving lives since 1981

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

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

Mr./Mrs./Ms./Miss _____

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
- 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: _____ Three digit 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 would like to transfer stock, are planning to include ImmaCare Inc. in your will or have a question regarding a donation please call the Director of Development at extension 103.

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