



Please mail this completed form to:  
Capital Caring  
Resource Development  
2900 Telestar Court  
Falls Church, VA 22042

### Donation Form

**Thank you for supporting Capital Caring today!** Please print this form and complete the information below (for proper preparation of your tax receipt.) You may also call (703) 531- 2380 and a staff member will be happy to assist you in making a gift. Donations may be made safely online at [www.capitalcaring.org/donate](http://www.capitalcaring.org/donate).

*\*required*

**\*Today's Date:** \_\_\_\_\_ **\* Gift Amount:** \$ \_\_\_\_\_

**\*Donor Name:** \_\_\_\_\_

**Organization Name (if applicable):** \_\_\_\_\_

**\* Address:** \_\_\_\_\_

**\* City:** \_\_\_\_\_ **\* State:** \_\_\_\_\_ **\* Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**My Company will match this gift.** **Company Name:** \_\_\_\_\_

**I would like to repeat this gift every month.**  **I would like to make a credit card payment.**

**Visa**       **MasterCard**       **Discover**       **American Express**

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*\*Honor/Memorial Donations \*\*\***

If you wish to make your donation as a tribute to someone, please complete below, and we will **mail** a notification on your behalf. Your gift amount will not be disclosed. For any questions, or special requests regarding your Honor/Memorial gift, call us at (703) 531-2380.

**Choose Gift Type**                       **In Honor Of**                       **In Memory Of**

**Honoree Name:** \_\_\_\_\_

***Please send notification of my gift to***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Capital Caring is registered as a 501(c)3 non-profit organization.  
Contributions are tax-deductible to the extent permitted by law.  
Tax ID Number is 54-1920770.*