

Thank you for supporting Capital Caring Health

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 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

csv security code

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

Please mail this completed form to: Capital Caring Health Philanthropy, 3180 Fairview Park Drive, Headquarters/Suite 500, Falls Church, VA 22042

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.