

Donation Form

Thank you for supporting Capital Caring today! Please print out this form and complete the information below (for proper preparation of your tax receipt.) To donate using a credit card, you can call (703) 531-6209 and a staff member will be happy to assist you! And you can always donate safely online, too, at www.capitalcaring.org/donate.

**required*

***Today's Date:** _____

***Check Amount:** \$ _____

***Donor Name:** _____

Organization Name (if applicable): _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

Email Address: _____

Telephone Number: _____

What brought you to give today? _____

EX: Friend or family in hospice care, Gave "in lieu of flowers" to honor someone who passed, Received a communication from Capital Caring.

To donate to a specific program or cause, write your designation on the memo line of your check.

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

If you wish to make your donation as a tribute to someone, please complete below, and we will **mail a special note card to your Notificant** on your behalf, with your special message. Your gift amount will not be disclosed.

Choose Gift Type, by circling:

In Honor Of

In Memory Of

Honoree or Event Name: _____

Notificant Name: _____

Notificant Address: _____

Notificant City: _____

Notificant State: _____

Notificant Zip Code: _____

Your Special Message: _____

For any questions, or special requests regarding your Honor/Memorial gift, **call us at (703) 531-6209.**

By providing your email to Capital Caring, you'll receive occasional email updates about advancing trends in hospice and palliative care, local opportunities for support, and invitations to events in the D.C. metro area. You can unsubscribe at any time. Capital Caring will never rent, sell or exchange your email address.