

Please print and complete the following form and enclose with your check.

[Make checks payable to Carolyn's Place, Inc.]

Name: _____
Mr./Ms./Mr.&Mrs. First Name Middle Initial Last Name

Company Name: _____ (for corporate donations)

Address: _____
Street Apt #

City State Zip Code

Telephone: () - _____

Email: _____

I pledge a monthly donation in the amount of \$ _____ for _____ months.

Carolyn's Place, Inc. is a 501 (c)-3 organization. All donations are tax deductible.

Send me a monthly donation book to the following address (if different from above):

Address: _____
Street Apt #

City State Zip Code

Mail donations to: Carolyn's Place, Inc.
137 Grandview Avenue
Waterbury, CT 06708

Thank You for Your Generosity!



www.carolynsplace.net

