



Printable Gift Form

Thank you for helping those in need. Your gift is appreciated and tax deductible within IRS regulations. Community Health Resources is a 501 (c)3 organization.

\$1-\$99	\$100-\$299	\$300-\$499	\$500-\$999	\$1,000-\$4,999	\$5,000 and up
Friend	Century Circle	Benefactor	Patron	Leadership Circle	Legacy Society

Enclosed is my check for \$_____ made payable to
Community Health Resources

I prefer to use my ___Mastercard ___Visa Amount \$_____

Name on Card _____

Authorizing Signature _____

Card Number _____

Expiration Date _____

I would like my donation to benefit:

___ CHR General Needs Fund	___ Housing Assistance
___ Safe Home	___ Karen Cook Memorial Scholarship Fund

I would like my (our) name to be listed as follows:

Name _____

Address _____

City _____

State _____ Zip _____

Phone: Daytime _____

Phone: Evening _____

Fax _____

E-mail _____

Donors will be recognized in various CHR publications

___ I prefer not to be publicly acknowledged

___ Please remove my name from the CHR mailing list

My gift is ___ in honor of _____ in memory of _____

Please send a gift acknowledgement to:

Name _____

Address _____

City _____

State _____ Zip _____

A gift acknowledgement will be sent without an amount specified

Mail or fax your gift and form to: Community Health Resources, Office of Community Development, 995 Day Hill Road, Windsor, CT 06095
Fax: (860) 731-5535