

**Your donation will make a memorable
difference in the life of a Mother and her Baby!**

Please print and complete the following form and enclose with your check.
(Make checks payable to Carolyn's Place, Inc.)

Donor Information:

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

Company Name: _____ (for corporate donations)

Address: _____
Street Apt #

_____ City State Zip Code

Telephone: _____ Email: _____

Donation Information:

Amount Enclosed: \$ _____

***Please check a box below to allocate your donation**

General Donation (our most prominent needs)

In Memory of: _____
Name of deceased

In Honor of: _____
Name of honoree

_____ Address

_____ City State Zip

**Please Note: When making a donation in
honor of someone, an acknowledgment
letter is also sent to them.*

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

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



Thank You For Your Generosity!