

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

Donor Information:

Name: Mr./ Mrs. /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 organizations. All donations are tax deductible.

Send me a monthly donation book

(If address is different than the one listed 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!