



Thank you for your support!

Name _____

Address _____

City, State, Zip _____

Phone # (____) _____

Email _____

MY GIFT TONIGHT **Donate now at www.SupportCareNetCares.com

**If you prefer to donate by mail, please complete this form with your credit card information or include your check and mail to the address below.

\$10,000 ___ \$5,000 ___ \$1,000 ___ \$500 ___ \$250 ___ \$100 ___ Other \$_____

PLEDGES Please mail your completed form to the address below.

Year End: I would like to make a one-time pledge of \$_____ to be given by December 31, 2020

Monthly: I would like to make a monthly donation of \$_____ (credit card, EFT or send check by mail)

Credit Card/EFT: Please process on the ___ 5th/mo ___ 20th/mo using:

___ EFT: Checking Account (enclose a voided check)

___ Credit Card: **name, address & phone # required**

Card # _____ Exp ___/___ CVV # _____

Signature _____ Date _____

****Monthly Electronic Donations:**

I authorize Care Net to process my donation monthly until written notice from me to discontinue.

OTHER GIFTS

Please contact me. I would like to transfer stocks, bonds or real estate to Care Net.

VOLUNTEER OPPORTUNITIES

Contact me about volunteer opportunities

All Gifts are Tax Deductible

Care Net Pregnancy Center of CNY
P.O. Box 460
New Hartford, NY 13413
315-733-5404

www.SupportCareNetCares.com

A copy of our latest annual report is available upon written request to:

Care Net of CNY, PO Box 460, New Hartford, NY 13413 OR Charities Bureau, 120 Broadway, 3rd Floor, New York, NY 10271