

CONTRIBUTION FORM

NAME:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

HOW YOU HEARD ABOUT US:

CONTRIBUTION AMOUNT:

I WOULD LIKE TO DESIGNATE MY CONTRIBUTION TO: _____ **Program**
_____ **To area of greatest need.**

c.a.r.e. is a 501(c)3.

Please send this form along with your check made payable to **c.a.r.e.** to:

c.a.r.e.
3700 Golden Street
Evans, CO 80620

For more information call:
970-356-6751 ext. 17
caredirector@careweld.org