



## CCCI Online Donation Form

(Donations are tax deductible for itemizers as provided by law)

*Yes, I/We want to help CCCI further its mission to identify choices and provide services to help people of all ages, abilities and incomes to live at home.*

Name \_\_\_\_\_

Org. Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Gift Amount \$** \_\_\_\_\_ **Purpose:** (please check one)

\_\_\_\_\_ Annual Appeal

\_\_\_\_\_ Tribute (fill out related information below)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_

### Method of Payment:

Check \_\_\_\_\_ Made payable to *Connecticut Community Care, Inc. or CCCI*

Credit Card \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### For Tribute Gifts

This gift is made \_\_\_\_\_ In Memory of \_\_\_\_\_ In Honor of

Name \_\_\_\_\_

Occasion (if applicable) \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Matching Gifts

\_\_\_\_\_ My company matches gifts to health and human services organizations  
(Please sign and enclose a copy of your company's matching gift form to CCCI)

\_\_\_\_\_ I/We wish to remain anonymous