



Yes! I'm interested in helping Circle of Care support families affected by pediatric cancer

Enclosed is my gift of:

\$50  \$100  \$250  \$500  Other \$\_\_\_\_\_

Enclosed is my employer's Matching Gift Form.

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Email\_\_\_\_\_

I would like my gift to be in honor/memory (please circle one) of:

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to:

Circle of Care  
PO Box 32  
Wilton CT 06897

Circle of care is a Tax-deductible 501 (c) (3) Corporation Tax Id # 06-1392883

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