

Enclosed is:

___ \$50 ___ \$100 ___ \$200 ___ \$300 ___ \$500 ___ Other \$ ___

_____ I have included CAP in my will.

(Knowing about your gift helps us to make financial plans for future years)

_____ I would like to learn more about making gifts to CAP through wills and planned giving.

_____ My employer/former employer has a matching gift program.

_____ Call me to discuss getting my organization or church involved.

_____ I wish my donation to CAP remain anonymous.

_____ I want to volunteer

**Your gift makes it possible for us to provide services without charge.
THANK YOU FOR YOUR SUPPORT!**

My Memorial Gift: _____

This gift is in ___ **Memory of** ___ **Honor of** ___ **Occasion of** _____

Please acknowledge this gift to: _____

Address _____

Please include this message: _____

Donor Name(s) _____

(Please print name(s) as you wish to be acknowledged)

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-mail Address** _____