

Thank you for supporting Care Resource. Your contribution will make a direct impact in our ability to continually expand our services and provide quality healthcare for all who need it.

### Donation Amount

Select the amount of your donation below:

- \$25
- \$50
- \$100
- \$150
- Other (Specify Amount: \$\_\_\_\_\_)

### Designation

Specify where you would like your donation to go

- Where it is needed most
- Capital Campaign
- Food for Life Network Food Bank
- Other (Specify Designation: \_\_\_\_\_)

### Tribute Gift

This gift is in honor, memory, or support of someone.

- In honor of \_\_\_\_\_ In memory of \_\_\_\_\_ In support of \_\_\_\_\_  
Person's name (\_\_\_\_\_)
- Please notify the following person of my gift
  - Specify name and address or email:  
(\_\_\_\_\_)

- Enclosed is my check
- I would like to pay by credit card

### Payment Details

Cardholder name: \_\_\_\_\_  
Cardholder number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Card security code (CSC): \_\_\_\_\_  
Cardholder signature: \_\_\_\_\_  
Email & Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip & Country: \_\_\_\_\_

### Company Matching Gifts

This gift can be matched    Matching Company Name: \_\_\_\_\_

**Please fill out this form and send it with your donation to:**

Care Resource Community Health Centers c/o Development  
3801 Biscayne Boulevard, Suite 220  
Miami, Florida 333137

