



## CHRISTIAN CARE DONATION FORM

Please fill out and mail to:  
Christian Care  
2209 3<sup>rd</sup> Avenue  
PO Box 4176  
Rock Island, IL 61204-4176

Amount of Donation \$ \_\_\_\_\_ Annual \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Please send the newsletter *Carelines* via e-mail to save costs

My gift is **in memory** of \_\_\_\_\_

My gift is **in honor** of \_\_\_\_\_ for (occasion, if  
applicable) \_\_\_\_\_

Please notify the following of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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