

**Your donation will make a memorable  
difference in the life of a Mother and her Baby!**

Please print and complete the following form and enclose with your check.

**[Make checks payable to Carolyn's Place, Inc.]**

Name: \_\_\_\_\_  
Mr./Ms./Mr.&Mrs. First Name Middle Initial Last Name

Company Name: \_\_\_\_\_ (for corporate donations)

Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip Code

Telephone: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Carolyn's Place, Inc. is a 501 (c)-3 organization. All donations are tax deductible.

Mail donations to: Carolyn's Place, Inc.  
137 Grandview Avenue  
Waterbury, CT 06708

**Thank You for Your Generosity!**

