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: _____

I pledge a monthly donation in the amount of $_____ for _____ months.

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

Send me a monthly donation book to the following address (if different from above):

Address: _____ _____
Street | Apt #

_____ _____ _____
City | State | Zip Code

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

Thank You for Your Generosity!

Carolyn's Place pregnancy care center
www.carolynsplace.net