



## Responding with Care Fund Mail in Donation Form

### Contributor Information

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

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

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

Telephone: \_\_\_\_\_

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

### Gift Amount

I'd like to make a donation in the amount of: \$ \_\_\_\_\_

### Gift Designation

Your donation will be directed to the Responding with Care Fund where proceeds will be used to provide treatment and education to help first responders

### Payment Information

Credit Card

Type of Card:  MasterCard  VISA  Discover

Card Number: \_\_\_\_\_ Digits only (i.e. 1234123412341234)

Expiration Date: \_\_\_\_\_ Digits only (i.e. 02/10)

CCV Code: \_\_\_\_\_ (Three digit number on back of card)

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

I have enclosed a check or money order.

### Matching Gift Information

Yes, my employer matches charitable gifts and I will send the appropriate paperwork.

Please mail to: Glenbeigh Development  
P.O. Box 298, Rock Creek, Ohio 44084

*Thank you for your generosity!*