



nurture.  
inspire.  
empower.

## Donation Form: Thank You for Your Support

I/We are ready to improve the lives of children who have been adopted or in foster care and their families.

### Donor Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Payment Information

I/We will give \$ \_\_\_\_\_ to be paid one time monthly quarterly annually by:

**Check** - A check for \$ \_\_\_\_\_ is enclosed, made payable to "C.A.S.E."

**Credit Card** - AmEx Discover MasterCard Visa

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

#### **A Automatic Bank Draft**

Account Holder's Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Please contact me/us with more information about leveraging this gift with an employer matching gift.

### Gift Recognition - C.A.S.E. may list donor names on our website and in appropriate publications

**Yes**, I/we would like to be recognized.

**No thank you**, I/we prefer to remain **anonymous**.

I/We would like to be listed as (if different from above) \_\_\_\_\_

This gift is in honor of in memory of (Name) \_\_\_\_\_

Other special conditions or notes about this gift \_\_\_\_\_

**Please return this form to:** Tamara Arsenault, Director of Development, C.A.S.E.  
4000 Blackburn Lane, Suite 260, Burtonsville, MD 20866 | (301) 476-8525 | [arsenault@adoptionssupport.org](mailto:arsenault@adoptionssupport.org)