

# CCCI Online Donation Form

Mail to: Connecticut Community Care  
Development Office  
43 Enterprise Drive, Bristol, CT 06010

*Yes, I/We want to help CCCI further its mission to identify choices and provide services to help people of all ages, abilities and incomes to live at home in their own communities.*

Name \_\_\_\_\_

Org. Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Gift Amount \$** \_\_\_\_\_ **Purpose:** (please check one) \_\_\_\_\_ **Annual Appeal**  
\_\_\_\_\_ **Tribute** (fill out related information below) \_\_\_\_\_ **Other** (please specify)  
\_\_\_\_\_

**Method of Payment:** Check \_\_\_\_\_ (Make payable and send to: *Connecticut Community Care, Inc. (or CCCI), 43 Enterprise Drive, Bristol, CT 06010.*)

Credit Card \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

## For Tribute Gifts

This gift is made \_\_\_\_\_ In Memory of \_\_\_\_\_ In Honor of \_\_\_\_\_

Name \_\_\_\_\_

Occasion (if applicable) \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

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

## Matching Gifts

\_\_\_\_\_ My company matches gifts to health and human services organizations (Please sign and enclose a copy of your company's matching gift form to CCCI)

\_\_\_\_\_ I/We wish to remain anonymous