

The *Foundation* For Community-Based Care, Inc.

3101 Industrial Drive, Suite 204 • Raleigh • North Carolina • 27609

Contribution Form

Yes! I want to help the *Foundation's* activities of research and education with my charitable financial contribution as indicated below. **I understand this contribution is tax deductible and I will receive a receipt indicating my individual or corporate donation.**

- | | |
|--|--|
| <input type="checkbox"/> Platinum (\$1000 or more per year) | <input type="checkbox"/> Sustaining (\$100 or more per year) |
| <input type="checkbox"/> Gold (\$500 or more per year) | <input type="checkbox"/> Contributing (\$50 or more per year) |
| <input type="checkbox"/> Silver (\$250 or more per year) | <input type="checkbox"/> Supporting (\$10 or more per year) |

Choose one payment method:

Check: I enclose my personal or company check for \$ _____ payable to **The *Foundation* For Community-Based Care, Inc.**

Charge: Bill \$ _____ to my MasterCard Visa
Name (as it appears on card): _____
Account Number: _____ Expiration Date: _____
Signature: _____

Information: Name: _____

Company (if, corporate donation): _____

Company Tax ID Number (if, corporate donation): _____

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City: _____ State: _____ Zip: _____

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Mail to: **The *Foundation* For Community-Based Care, Inc.**
3101 Industrial Drive, Suite 204 • Raleigh • North Carolina • 27609 • Phone: (919) 848-3450
Or FAX this completed form, along with credit card information, to the *Foundation* at (919)

848-2355
