



CARE  
Gift Center  
PO Box 7039  
Merrifield VA 22116-9753

I would like to help CARE fight poverty and respond to desperate need by making a tax-deductible gift today. Please find my check (or credit card information) in the amount of:

\$ \_\_\_\_\_

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

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

Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

Name on card: \_\_\_\_\_

Type of credit card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Comments or questions for CARE?

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**Please Note:**

Donations must be RECEIVED by CARE on or before December 31st, 2014 for the gift to be deductible in the 2014 tax year.

SC: 171720010000