

CHRISTIECARE DONOR CARD

Yes, I would like to support children and families served by ChristieCare. Please accept my/our tax-deductible donation of:

\$2,500 \$1,000 \$500 \$100 Other \$ _____

VISA MasterCard Check enclosed
(please make checks payable to ChristieCare)

Card # _____

Exp. date _____ Authorization # _____

Names _____

Address _____

City _____ State _____ Zip _____

E-mail _____

I would like to direct my donation to a specific ChristieCare program or need: _____

PLEASE CONTACT ME ABOUT:

Planned giving as a way to further my estate planning and charitable giving

Volunteer opportunities

In kind donations

PLEASE MAIL YOUR GIFT AND CHRISTIECARE DONOR CARD TO:

ChristieCare
P.O. Box 368
Marylhurst, OR 97036

THANK YOU!



CHRISTIEcare

Restoring lives and strengthening families since 1859