



Honor and Memorial Gift Program

Upon receipt of your gift, CARE will send out an elegant honor/memorial card to the person you desire with your name and address and the name of the person in whose name the gift has been made. We'll also let you know that your gift has been sent.

Contributor Information

Honor ___ Memorial ___

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

email: _____

Acknowledgement Information

Honor/Memorial Name: _____

Acknowledgement Name: _____

Acknowledgement Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

email: _____

How would you like card signed: _____

Is this for a special occasion, if so please indicate: _____

Complete and Mail to: CARE, P. O. Box 7604; Little Rock, Arkansas 72217-7604.