



COMPASSIONATE CARE

Compassionate Care
Attn: Jeanette Spence
7 Tupelo Place
Camden, SC 29020

If you wish to make a donation, please print out this form and mail it in. Thank You.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Yes! I'd like to support the mission of Compassionate Care. Enclosed is my check made payable to Compassionate Care for:

\$25 \$50 \$100 \$200 \$500 other \$_____

This is a gift made:

In honor of: _____

On the Occasion of: _____

In memory of: _____

Please send acknowledgement to:

Name: _____

Address: _____

Thank you for your kindness and support of Compassionate Care!