



**The Center for Abuse and Rape Emergencies, Inc. (C.A.R.E.)
CHAMPION CIRCLE OF COMPASSION**

To become a Member, complete the following for our confidential records:

_____ I/We have remembered The Center for Abuse and Rape Emergencies, Inc. in my/our will, trust, life insurance, retirement plan, or other deferred giving instrument...

_____ I/We plan to remember The Center for Abuse and Rape Emergencies, Inc. in my/our will, trust, life insurance, retirement plan, or other deferred giving instrument.

_____ I/We would like to make a planned gift for the benefit of The Center for Abuse and Rape Emergencies, Inc. in my/our will, trust, life insurance, retirement plan, or other deferred giving instrument. Please contact me/us to assist with completing this gift.

_____ I/We give permission to use my/our names in the Champion Circle of Compassion publications, rosters and website.

_____ I/We prefer to remain anonymous.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email Address _____

Please complete and return to:
Chief Advancement Officer
The Center for Abuse and Rape Emergencies, Inc.
P. O. Box 510234
Punta Gorda, FL 33951-0234
Phone 941-639-5499 Fax to 941-639-7079
Email to Linda.Lusk@carefl.org