



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. Check all that apply.**

- 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.

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**FULL NAME**

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**ADDRESS**

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**CITY**

**STATE**

**ZIP CODE**

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**PHONE #**

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**EMAIL ADDRESS**

**Please return completed form to:**

**Chief Advancement Officer**  
**The Center for Abuse & Rape Emergencies, Inc**

P.O. Box 510234  
Punta Gorda, FL 33951

Phone: (941) 639-5499 Fax: (941) 639-7079 Email: [Linda.Lusk@carefl.org](mailto:Linda.Lusk@carefl.org)