

PRINT & SEND DONATION FORM



Please mail your tax-deductible donation with this form to:

Dignity Grows, Inc.
40 Woodland Street
Hartford, CT 06105
Tax ID # 85-2708901

Donor Information

Title: _____ First Name: _____ Last Name: _____

Address Information

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

☐ Yes, I would like to receive online communications from Dignity Grows

Gift Amount (please check one)

☐ \$500 ☐ \$200 ☐ \$100 ☐ \$50 ☐ Other Amount: _____

Payment Options

☐ I have enclosed a check ☐ I would like to charge my contribution

Card Type: _____ Card Number: _____

Card Exp (MM/YYYY): _____ Signature: _____

Honor/Memorial Gifts

If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the space below. If you would also like us to send them an acknowledgment, please include their address.

Honoree Information

Title: _____ First Name: _____ Last Name: _____

Honoree Address Information

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Honoree Message

Thank you for your help! You will receive acknowledgment for tax purposes in the mail within two to four weeks.

Donations made through this appeal support Dignity Grows' entire mission and will not be designated to a specific program or location.