

Circle of Care Quilt Card Order Form

Yes I want to help Circle of Care provide compassionate care for children and families coping with illness and loss. Enclosed is my tax-deductible donation of:

\$25 \$50 \$100 \$250 Other \$_____

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Method of Payment:

Check ~ Check # Please make check out to Circle of Care

Master Card

Visa

Card Number _____ Expiration _____

Signature _____

Number of Card Packages (5 cards per package) _____ x \$10 = \$ _____

Amount of Donation \$ _____

Total Enclosed \$ _____

Return to: Circle of Care Family Tree, fax: 510-531-3657, 2540 Charleston St., Oakland, CA, 94602. Questions call 510-531-7551 or email alinya@ebac.org.

Once order is received, cards will be mailed to you!