



## Community Living Connections, Inc. Donor Form

Thank you for your interest in donating to Community Living Connections.  
Your generosity is a much-appreciated gift.

Please accept my gift of \_\_\_\_\_

I would like my gift in memory of \_\_\_\_\_

I would like my gift in honor of \_\_\_\_\_

Please indicate to which fund you would like your donation applied:

\_\_\_ General Contributions \_\_\_ Staff Appreciation \_\_\_ Consumer needs

Please contact me to discuss my donation.

The best time to reach me is \_\_\_\_\_. The best number to reach me at is \_\_\_\_\_.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(Donations are tax deductible to the extent allowable by law. You will receive a thank you letter for your records.)*

### **Please return this form and donation to:**

Community Living Connections  
Donations  
6515 Watts Road  
Madison, WI 53719

If you have any questions or would like further information feel free to contact any one of the senior management team listed below for assistance.

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