

(Printable form)



*To make a tax deductible donation, print this form and mail a completed copy to RHA Howell Care Centers, Inc. at the address referenced below.*

**I would like to make a contribution of \$ \_\_\_\_\_ to RHA Howell Care Centers, Inc.**

**Method of Payment:**

**Check/Money Order Payable to:** **RHA Howell Care Centers, Inc.**  
**3738 Howell Day Care Road**  
**LaGrange, NC 28551**  
Phone (252) 566-9011  
Fax (252) 566-4186

**Charge My Credit Card:**

Name on Card \_\_\_\_\_  
Type of Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

**Send me additional information on how I can support RHA Howell Care Centers, Inc. :**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Zip Code: \_\_\_\_\_

**This donation is given:**  In Memorial for \_\_\_\_\_

In Honor of \_\_\_\_\_

Other (please describe) \_\_\_\_\_

If you would like a letter of acknowledgement to be sent, please give name and address of recipient: \_\_\_\_\_

\_\_\_\_\_