

CONTRIBUTION FORM

I / we would like to support Closer to Free with a gift of:

\$25     \$50     \$100     \$250     \$500     Other: \$ \_\_\_\_\_

\_\_\_\_\_  
Title                      First Name                      M.I.                      Last Name                      Suffix

\_\_\_\_\_  
Organization Name                      Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

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

I wish to direct my gift to \_\_\_\_\_

I wish to remain anonymous

Please send me more information on making a planned gift or bequest to Closer to Free

*All gifts are tax deductible to the extent provided by law.*

**This gift is given:**

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

Please send notification of this gift to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

**Method of payment:**

Enclosed find my check made payable to:  
Closer to Free

Please Charge my gift for the amount indicated to:

Visa                       Mastercard                       Discover

American Express

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature

**Office of Development**

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