



DONATION FORM

Donor Information:

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

What is your relationship to CBH?: _____

Phone Number: _____ Email address: _____

Donation Amount \$ _____

Signature: _____

Your gift is 100% tax deductible.

_____ My donation is in memory of a loved one. Name: _____

_____ Please use my donation to support: _____

_____ My donation is in someone else's name: _____

I would like to learn more about planned giving:

_____ Please reach out to me at the above number to discuss.

Thank you for your generous donation!

292 Thorpe Avenue Meriden, CT 06450