



## DONATION FORM FOR MAIL-IN DONATIONS

FIRST NAME\* \_\_\_\_\_

LAST NAME\* \_\_\_\_\_

STREET\* \_\_\_\_\_

CITY, STATE, ZIP\* \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL\* \_\_\_\_\_

DONATION AMOUNT \$ \_\_\_\_\_

IN HONOR/MEMORY OF \_\_\_\_\_

### I WOULD LIKE MY GIFT TO BE DIRECTED TOWARD:

- \_\_\_\_\_ Where the funds are needed most
- \_\_\_\_\_ Brave Wings Fund
- \_\_\_\_\_ Counseling and Advocacy
- \_\_\_\_\_ Financial and Housing Advocacy
- \_\_\_\_\_ Legal Advocacy
- \_\_\_\_\_ Safe house Needs

### DONATION NOTES:

\*Please fill in the information as it should appear on your donation receipt.

\*\* For gifts using a credit card, please go directly to the Donate Page @ [www.dvccct.org](http://www.dvccct.org)

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