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# CareWell Charitable Society®

Changing lives one at a time™

## Giving Form

Single Donation  
 Amount: \$  (USD)  
 Charge this amount to my credit card today.

**OR**

Monthly Donation  
 Amount: \$  (USD)  
 Charge will occur about the 15th of each month.

Check Enclosed *(Please make your check payable to CareWell Charitable Society)*

**OR**

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number:	<input type="text"/>
*Verification No. :	<input type="text"/>
Name on Card:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State / Province:	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email:	<input type="text"/>
Home Phone:	<input type="text"/>

*\*For Visa & MasterCard, The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number. For American Express verification number is a 4-digit number printed on the front of your card. It appears after and to the right of your card number.*

Please mail this form with you check (if applicable) to:

- CareWell Charitable Society, 10965 Lane #4 Sidipura, New Delhi – 100 005, India  
*OR*
- CareWell Charitable Society (North America), 213 Main Street, Elkins, WV 26241, USA

***Thanks for your Donation***