

# Gift of Caring



A gift to Bluebird Cancer Retreats is truly a gift of caring. Your support will enable us to provide hope, respite and renewal through the unique experience of weekend retreats. You may make a gift to support Bluebird retreat programs, to underwrite a retreat scholarship, or as a memorial or tribute gift. Gifts in memory of a friend or family member, or in honor of an individual or special occasion often express what words alone cannot and, at the same time, provide important support for Bluebird Cancer Retreats. Please be sure to note the name of the person you would like to honor. If you would like us to notify a family member, please include the family's name and address.

Enclosed is my/our gift of \$ \_\_\_\_\_

My check is enclosed     Please charge my credit card:     Visa     Mastercard

Name (as it appears on the card): \_\_\_\_\_

Account Number: \_\_\_\_\_    Expiration date: \_\_\_\_\_

Confirmation/Security Number (as it appears on the back of card): \_\_\_\_\_

Please use my gift:

In area of greatest need     To underwrite a scholarship     To support retreat programs

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_    Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_    Alternate Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list my/our gift as:

In Loving Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_    Occasion: \_\_\_\_\_

Please send notification of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please make your gift payable to Bluebird Cancer Retreats.

Your gift is tax-deductible as provided by law.



Bluebird Cancer Retreats  
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