



COUNSELING THAT
EMPOWERS CHANGE

As a non-profit local community agency, we greatly value and appreciate any donations or contributions that will allow us to increase and/or enhance our services so that all residents who request treatment can gain access to necessary services within our Putnam Community.

Please consider supporting CoveCare Center and help us to achieve our vision of a strong, united community where all people are valued, accepted and empowered to live healthy lives.

I would like to make a difference. Please accept my gift of:

\$25 \$35 \$50 \$75 \$100 Other _____

Please make checks payable to **CoveCare Center** and mail to:

For credit card donations, please provide the following:

CoveCare Center
1808 Route Six
Carmel, NY 10512
Attn: Development Office

Amex Mastercard Visa

Exp. Date _____ Sec Code: _____

Card Number

Please print the name as it appears on the

Signature

***Thank you for supporting
CoveCare Center***

All contributions are tax deductible as allowed by law.



TEL 845.225.2700
FAX 845.225.3207

1808 Route Six, Carmel, NY 10512
www.CoveCareCenter.org