



**It is easy to become a monthly donor.**  
Just return the form below with your designated credit card information.

**FAQ about Monthly Giving**

**When you become a Sustaining Donor...**

You will receive monthly periodic updates including event and presentation happenings; our seasonal newsletter; and an exclusive invitation to our legacy donor event PIZZAZ! in the fall.

**How is becoming a Sustaining Donor different?**

TRU Community Care’s Sustaining donor program is a select group of members who want to help ensure that TRU is here for everyone in our community regardless of ability to pay and has a steady source of income so that we can provide excellent end-of-life care and grief support to anyone. By pledging a monthly gift you help to ensure that our patients and families have the support they need so their dying loved one may live every day of life to the fullest.

**Where do I submit this sign-up form to?**

There are several options for submitting your Sustaining Donor sign up form. You can call our Philanthropic Services office at 303-604-5389 to provide your credit card information. You can also fax this form to fax to 303-604-5393 attn: Philanthropic Services Department. Lastly, you can mail your completed form to:

TRU Community Care  
attn: Philanthropic Services Department  
2594 Trailridge Dr E  
Lafayette, CO 80026

**What record do I have of my gifts?**

You will receive a letter confirming your enrollment as a Sustaining Donor. After that, at the end of each calendar year you will receive an itemized statement and total of all gifts received for the year.

**What if I change my mind?**

You may increase or decrease your pledge amount, suspend your monthly gifts, or end your participation at any time. Simply send an email to abigailsmith@trucare.org; call 303-604-5389; or write: TRU Community Care; Attn: Abigail Smith, 2594 Trailridge Dr East, Lafayette, CO 80026.

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**Yes! I want to be a Sustaining donor and support TRU with a monthly gift of \$\_\_\_\_\_.**

Please charge my:  Visa  Mastercard  AmEx  Discover

Credit Card # \_\_\_\_\_ CVV security code \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Yes! I would like to receive news and updates electronically! Email \_\_\_\_\_

**Thank you!**  
Visit us online at [trucare.org](http://trucare.org)