

CARE CARD ORDER FORM

♥Support local charities and Save 20% with The Care Card!♥
Friday, October 17 through Sunday, October 26, 2008

Care Card is a unique fundraiser presented by The Board of Visitors with The Junior League of Phoenix, Incorporated ("JLP"), as an affiliate. 100% of The Junior League of Phoenix, Incorporated, proceeds from Care Card 2008 will be donated to Ryan House and other The Junior League of Phoenix, Incorporated, community programs.

How does Care Card work?

- ♥ Purchase a **Care Card** for \$50 with 100% of the purchase price going directly to support programs in our community.
- ♥ Place your order by September 1, 2008, and receive your **Care Card** by September 15, 2008. The card lists participating retailers offering a generous 20% discount to cardholders from October 17-26, 2008. Some restrictions apply. 375 retailers have already signed up for 2008!

To order, fax or mail the form below. (Deadline for orders: October 10, 2008)

FAX: 602.241.9155

MAIL: The Junior League of Phoenix, Incorporated
Attn: Care Card
2505 North Central Avenue
Phoenix, Arizona 85004

I am enclosing or charging \$ _____ for _____ Care Card(s) at \$50 each.

MAILING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Note: By providing JLP your email, you authorize future communications to the above email.

Referring JLP member: _____

If JLP member is picking up your cards please choose a pick up date:

- September Membership Meeting (9/3)
- October Membership Meeting (10/1)

If you would like to pick-up your cards, please choose a pick-up date:

- Saturday, Sept. 20th (9-11am) Paradise Bakery Cafe-Biltmore Location
- Thursday, October 16th (6-9pm) Anthropologie Party-Kierland location
- Mail my card(s) to me

METHOD OF PAYMENT: (make checks payable to Junior League of Phoenix)

- Check # _____
- American Express
- MasterCard
- Visa

Note: Your credit card will be charged within 14 days of receipt by The Junior League of Phoenix, Incorporated.

BILLING ADDRESS check if same as mailing address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name on Credit Card

Signature

Credit Card Number

Expiration Date

Security Code

Date Received:

Date Processed

Confirmation #

Processed by: