



PACKING SLIP

Please enclose this form so we can let you know your package was received!

Thank you for your generosity and support.

Mail to Card Care Connection: 9133 Fox Bridge Drive, St. Louis, MO 63127

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Enclosed: # of cards: _____

Donation amount: \$ _____
(if applicable)

*Each donation makes a big difference

Notes: _____

Please review our guidelines before sending! www.cardcareconnection.com



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