

Join the DoveRescue Care Circle as a sponsor. Enrolling does not commit you to give; you choose need cards or a pooled fund later and sign a pledge (TDC-FRM-507). Do not write card or bank numbers on this form. Fields marked * are required. Type directly into this PDF (Adobe Acrobat Reader, Preview or any form-capable PDF app) and save, or print and write clearly.

1 SPONSOR

Sponsoring as *

☐ Organization ☐ Individual ☐ Family member of a client

Sponsor type *

(select)

Organization name (if any)

Website

Is your organization a 501(c)(3)?

☐ Yes ☐ No ☐ Not an organization

First name *

Last name *

Department or role

Email *

Phone

City

State

(select)

ZIP

Best way to reach you

☐ Email ☐ Phone ☐ Text**2 GIVING INTERESTS**☐ Veterans☐ Hospital-to-home transitions☐ Rural clients☐ Other☐ Memory care☐ Bridging waiting periods / waitlists☐ People living alone☐ Respite for family caregivers☐ End-of-life comfort☐ Greatest need

Region you want to support (states, counties or cities) *

Or within

(select)

3 PLEDGE PREFERENCES

Directed or pooled?

☐ Directed (choose need cards) ☐ Pooled fund ☐ Either

Give as

☐ Hours of care ☐ An amount ☐ Either

Frequency

(select)

Approximate budget per year

(select)

Need a charitable receipt?

☐ Yes ☐ No ☐ Not sure

Recognition

☐ Anonymous ☐ Name in impact reports ☐ Name in The DOVE News (with approval)

Anything else we should know (e.g. program rules your organization must follow)

4 ACKNOWLEDGMENTS

- ☐ I will see de-identified need cards only and will not try to identify or contact clients. *
- ☐ Sponsorship is a gift. I will not receive referrals, client contact or anything of value in return. *
- ☐ Funds are paid to a partner nonprofit or through a licensed payment processor, not to The Dove Circle, an agency or a caregiver. *
- ☐ Tax-deductibility depends on the receiving charity and my situation; gifts earmarked for a specific person may not be deductible. *
- ☐ I will give card or bank details only in the secure payment system. *

SPONSOR (OR AUTHORIZED REPRESENTATIVE)

Printed name *

Typed signature (type your full name) *

Title

Date *

X

If printed: sign here by hand in ink

A typed signature is used when this form is completed electronically and the signer intends it as their signature. Your agency or attorney may require a handwritten or verified e-signature.

- ☐ I agree that The Dove Circle may contact me about this request. *
- ☐ Optional: send me occasional news and updates from The Dove Circle. I can unsubscribe at any time.

How to return this form. Email the completed form to hello@thedovecircle.com (cc messenger@thedovecircle.com) or use the matching form at thedovecircle.com.