

Ask for a de-identified report on what your Care Circle pledges have done. Reports never name clients; very small numbers may be withheld so no one can be recognized. Tax receipts come from the receiving charity. 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

Sponsor or organization name *	Sponsor ID (if known)	Pledge reference(s)
Contact name *	Email *	Phone

2 REPORT

Period from *	Period to *	Format
		☐ PDF by email ☐ Printed by mail ☐ Spreadsheet
Include		
☐ Hours of care funded	☐ Verified visits	
☐ Need cards supported	☐ Funds pledged, released and remaining	
☐ Summary by region / kind of care	☐ Anonymous thank-you notes (if clients chose to send them)	
☐ Receiving charity contact for receipts		
Purpose (select)	Needed by	
Notes		

3 PERMISSION

- ☐ I understand the report is de-identified and aggregated, and I will not try to identify clients. *
- ☐ I agree that The Dove Circle may contact me about this request. *

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.