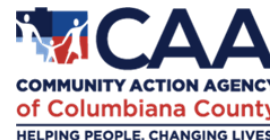


DONATION FORM

Please complete the information below to ensure we can properly process and acknowledge your gift.



DONOR INFORMATION

DATE _____

Donor Name (First Name and Last Name): _____

Organization Name (Complete only if the donation is on behalf of an organization) _____

Employer Name (Complete only if you will be requesting a company matching gift): _____

Make this donation anonymous (Donor/Organization name will not be shared online or in public reports. Donor information is still requested for tax/receipt purposes.)

ADDRESS INFORMATION

Address (If this donation is on behalf of an organization, please provide the company's address):

Street: _____ City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____ Telephone Number (optional): _____ Home Mobile

By providing your email address and/or phone number, you will receive donation receipts, community action news, assistance information and other ways to get involved with the Community Action. You may unsubscribe at any time.

PAYMENT OPTIONS

One-time Gift Amount: \$250 \$100 \$50 \$25 \$10

Other \$ _____

Enclosed is a check/money order made payable to the Community Action Agency of Columbiana County.

Enclosed is a cash donation

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

OR Become a Community Action Champion!

Your recurring gift can make a meaningful difference.

Monthly Quarterly Annually

YES! Please bill my credit/debit card in the amount of \$_____.

YES! I would like to make a gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your donation will be made from the payment option you selected. You may cancel or change this amount at any time by calling 330-424-7221.

DEDICATION INFORMATION

Complete only if dedicating this donation to someone: Gift in Honor Gift in Memory

Honored/Memorialized Individual: _____ Address to Send Notification: _____

I WANT TO SUPPORT

Please designate your gift to one of the following:

Where It Is Needed Most: Support all of the human and social service efforts of the Community Action Agency.

Community Health & Wellness: Support the physical and mental health needs among individuals and families.

Distributions/Day of Giving: Fund local distribution efforts.

Healthier Food Pantry: Help provide food and basic needs.

Veterans: Assist veterans and families with items and services.

Seniors and Disabled Individuals: Help combat issues to improve their quality of life.

Youth: Impact children through education, support, and more.

Other* (please specify): _____

Please also indicate the name of the specific cause on the memo line of your check (for example: "Transportation" or "Housing").

**If the Community Action Agency of Columbiana County is not raising funds for the specific cause you have indicated and/or donations exceed CAACC expenses for that cause, your gift will be applied to Where It Is Needed Most.*

Your questions and feedback are very important to us. Please feel free to contact us at 330-424-7221. Thank you for your support.

Please mail this form with your contribution or place in the secure lockbox at: 7880 Lincole Place, Lisbon, OH 44432

To make a secure online donation visit: caaofcc.org/donate

The CAACC, Inc. is a 501(c)(3) charitable organization. Ninety percent of agency spending is directed to service and program activities. Your gift is tax-deductible to the full extent of the current law.