

DONATION INFORMATION FORM

Gift Designation Choose a specific purpose for your gift

- | | |
|--|---|
| <input type="checkbox"/> General Donation | <input type="checkbox"/> Heroes' Hop in Hingetown |
| <input type="checkbox"/> Sustaining Member | <input type="checkbox"/> 5k Gallop for Children |
| <input type="checkbox"/> Gift for Children | <input type="checkbox"/> Judith Layne Fund |
| <input type="checkbox"/> Books GALore | <input type="checkbox"/> Other _____ |

One Time Gift

I (We) donate a total of \$ _____

Monthly or Annual Gift

I (We) donate a total of \$ _____ to be paid monthly yearly

Would you like to make this a tribute gift? (please check box)

Make this a gift a tribute in honor/memory of _____

Donor Information

Name _____

Billing Address _____

City, ST Zip Code _____

Phone Number _____ Email _____

- | | |
|---|---|
| <input type="checkbox"/> My employer matches charitable contributions. | <input type="checkbox"/> Please keep this gift anonymous. |
| <input type="checkbox"/> I would like to learn more about planned giving. | <input type="checkbox"/> I would like to receive email updates. |

Payment Information

I (We) plan to make this contribution in the form of: cash check credit card

Credit Card Type _____

Name on Card _____

Credit Card Number _____

Expiration Date _____ CVV _____ Billing Zip Code _____

Please make checks, corporate matches, or other gifts payable to:

Child and Family Advocates of Cuyahoga County

9300 Quincy Avenue, 3rd Floor, Cleveland, Ohio 44106

Or call us at 216.443.3377 for more information or to process your gift by credit card over the phone.

Your donation may be tax deductible. Please consult your tax advisor.