



Mail-In Donation

ONE-TIME \$50 \$150 \$300 \$500 \$1,000 or \$ _____
MONTHLY \$20 \$30 \$40 \$50 \$100 or \$ _____

Personal Details:

Title(s):	First Name(s):	Last Name(s):
Organizations (if applicable)		
Street Address:		
City:	State	Zip Code
Cell Phone:	Work Phone (if applicable):	
Check any that apply: <input type="checkbox"/> Send me information about Cincinnati-Hamilton County Community Action Agency <input type="checkbox"/> Do not send me information about Cincinnati-Hamilton County Community Action Agency <input type="checkbox"/> Do not acknowledge my gift publicly (such as annual report)		

Payment Details:

Cardholder Name:		
Card Number:	Expiration date (MM/YY):	CVV:
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Other _____	<input type="checkbox"/> I have enclosed a check for my one time gift <i>Monthly donations can be cancelled at any time. Contact CAA to cancel your donation.</i>	

Signature

Full Name (Please Print)

Date

CAA can accept gifts of cash through checks only. Please mail checks to:
 Cincinnati-Hamilton County Community Action Agency
 Attn: Amanda Jenkins
 1740 Langdon Farm Road, Cincinnati, OH 45237