



DONATION FORM

This gift is made in:

_____ Memory of: _____
_____ Honor of: _____
_____ For the Occasion of: _____
_____ Other: _____

Donor Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my gift of:

_____ \$500 _____ \$250 _____ \$100
_____ \$50 _____ \$25 _____ Other: _____

Payment Method:

_____ Check (Please make check payable to Community Support Services, Inc.)

_____ Credit Card (currently not an option)

Please mail this form with your donation to:

Community Support Services, Inc
Development Office
150 Cross Street
Akron, OH 44311