

When you have completed this form, please send it to:

Business Manager Community Crisis Center P.O. Box 1390 Elgin, IL 60121-1390

Business Line: 847-742-4088

Fax: 847-742-4182

## **Cash Donation Form**

Gift Information			
Date	† Check enclosed	d † Cash † Cre	edit Card (see below)
	† General Operating Fun	d: Gift Amount \$	
	† Facility and Maintenand	ce: Gift Amount \$	
	† Endowment Fund:	Gift Amount \$	
† Please save the cos	st of acknowledging this gift by	not sending a thank you letter	<u>.                                      </u>
Make checks or money	orders payable to Community Cr	risis Center.	
Donor			Information
Name			(Dr./Mr./Ms./Mrs.)*
Business	or Organizat	tion	(if applicable)*
Position/Title			
	Work Phone		Fax
			State Zip
E-mail			
organization, we will ack	nowledge this as you indicate. C	heck the box below if you prefer	are donating on behalf of a business of to remain anonymous. We list names ith individuals or organizations outside
Credit	Card		Information
Card type**			Card number
<b>.</b>			rit security code (on back of card)
Signature of cardhold	er	•	•
		**We accep	ot Visa, MasterCard & American Expres
Gift given † to	honor † in memory of		
Name			(Dr./Mr./Ms./Mrs.)
Family/Significant	Other	(for memoria	al acknowledgement)
Address			
City		State	Zip
-		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	*

Thank you for your contribution to the Community Crisis Center. Your gift is tax-deductible to the extent allowed by law. I (or my organization) prefer to remain an anonymous donor. My employer offers a matching gift program. The matching gift form is enclosed. I would like to receive newsletters and information about special events by e-mail or by regular mail. I would like information about volunteering with the Community Crisis Center.