



# DONATION INFORMATION FORM

Date: \_\_\_\_\_

**Gift Designation** Choose a specific purpose for your gift

- General Donation
- Sustaining Member
- Books/Gifts for Children
- Annual Benefit Event
- Judith Layne Fund
- 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 \_\_\_\_\_

- My employer matches charitable contributions.
- I would like to learn more about planned giving.
- Please keep this gift anonymous.
- 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  
15500 Pearl Rd, Box 361929 Strongsville, Ohio 44136*

*Or call us at 216.296.3799 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.*