

Check or Credit Card Donation Form

PLEASE MAIL THIS FORM AND YOUR DONATION TO:

Crisis Connection, Inc.
P. O. Box 903
Jasper IN 47547

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

YES! I want to make a donation of:

Check level amount:

<input type="checkbox"/> Teal	\$25 – 49	<input type="checkbox"/> Bronze	\$260 - 519
<input type="checkbox"/> Purple	\$50 – 259	<input type="checkbox"/> Silver	\$520 - 1,039
	<input type="checkbox"/> Gold	\$1,040 +	

Amount of Donation: \$ _____

I want to give by check. Check enclosed.

Please charge my (circle one): Visa Mastercard Am. Express Discover

Credit Card Account Number: _____ CSC#: _____

Expiration Date: _____ Signature: _____

Yes, please have a Crisis Connection representative contact me to discuss larger donations such as stock or vehicles; sponsorship of safe housing, newsletter, website, or educational opportunities.

Yes, please have a Crisis Connection representative contact me about volunteer opportunities.

Yes, I would be interested in having a speaker for my faith community, club, school or workplace.

Yes, I plan to hold a fundraiser.

Yes, I'd like to receive the monthly newsletter, "The Connected".

Thank you for your generosity and support!