Mail-In Donation Form

Please complete the form below and mail to: Community Shares
103 William Howard Taft Road
Cincinnati, Ohio 45219

___ **Enclosed is my check for:** ☐ $1,000 ☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ Other $_____

___ **OR… bill my**: ☐ VISA ☐ MASTERCARD ☐ AMEX Credit Card

for a total donation of $_____ as:

___ a one-time contribution of $_____ to be charged in (mo) _____, (yr) _____

___ a monthly contribution $_____ for ___ months beginning in (mo) _____, (yr) _____

___ a quarterly contribution $_____ for ___ quarters beginning in (mo) _____, (yr) _____

Card # | | | | | | | | | | | | | | | | Exp. | | | | Security Code | | | |

Name on card (print): _____ Signature: _____

Billing Address: Street: _____ City/State/Zip: _____

Please distribute my donation to the organizations of my choice, as indicated below:

$____	Community Shares of Greater Cincinnati (donation distributed evenly among participating groups)	$____	Justice Watch
		$____	Imago, Inc.
$____	Community Shares (to promote the growth of Community Shares of Greater Cincinnati)	$____	League of Women Voters Education Fund
		$____	MUSE Cincinnati's Women's Choir
$____	ACORN Institute		
$____	Center for Independent Living Options	$____	National Alliance for Mental Illness (NAMI) – Hamilton County
$____	Center for Peace Education	$____	Ohio Citizen Action Education Fund
$____	Cincinnati Human Relations Commission	$____	Ohio Justice and Policy Center
$____	Drop Inn Center	$____	Over-the-Rhine Community Housing
$____	ECO: Environmental Community Organization	$____	Planned Parenthood Southwest Ohio Region
$____	Equality Cincinnati	$____	Power Inspires Progress (PIP)
$____	Faces without Places (formerly Project Connect Children's Fund)	$____	STOP AIDS (formerly AIDS Volunteers of Cincinnati)
$____	First Step Home	$____	United Coalition for Animals (UCAN)
$____	Franciscan Haircuts from the Heart	$____	Winton Place Youth Center
$____	Gorman Heritage Farm	$____	Woman's City Club of Greater Cincinnati
$____	Greater Cincinnati Coalition for the Homeless		
$____	Health Resource Center	**$___**	**TOTAL DONATION**

COMMUNITY SHARES of Greater Cincinnati

103 William Howard Taft Road
Cincinnati, Ohio 45219
Phone: 513.475.0475 Fax: 513.487.4262
Email: info@cintishares.org Web: www.cintishares.org

PLEASE PRINT

_____
YOUR NAME

_____
ADDRESS

_____
CITY/STATE/ZIP

_____
EMAIL

_____
PHONE

☐ My gift is in memory of _____
_____

☐ My gift is in honor of _____
_____

on the occasion of _____
_____

Send acknowledgement (without revealing amount) to:
Name: _____

Address: _____

City/State/Zip: _____

Community Shares is grateful for every donation. We do not sell information to outside entities. Please check any of the following options:

☐ I do not wish to receive a thank you. ☐ I do not wish to receive any other mail. ☐ I request the designated agencies to keep my gift anonymous.

Thank you for supporting Community Shares!