Charitable Donation Form

Name _____
Business _____
Address _____
Phone _____ E-mail _____

I would like to give my gift ❑ In Memory ❑ In Honor ❑ From the Family
of _____

❑ Anonymous
❑ Do not publish my name on the Donors' Page of the Community Connections website

I would like to contribute:

❑ $ 10.00 ❑ $ 50.00 ❑ $ 100.00
❑ $ 25.00 ❑ $ 75.00 ❑ Other $_____

Payment Method: ❑Check ❑Money Order ❑ Credit Card

Credit Card Number □□□□ □□□□ □□□□ □□□□ Expiration □□/□□ CCV □□□

Name on Card _____
Signature _____

Recurring Donation: ❑ Yes

❑Once a Month ❑ Every 3 Months
❑Every 6 Months ❑ Once a Year

Mail this form along with your check, money order, or credit card information to:

Community Connections
721 Stedman St.
Ketchikan, AK 99901

Or Fax To:
(907) 225-1541

Or Donate Online:
www.comconnections.org/donations

Thank you for supporting Community Connections!

Community Connections is a 501 (c)(3) nonprofit organization, your donation may be tax deductible. Consult your financial advisor. Federal ID# 92-0112719