

DONATION FORM

COMMUNITY LIVING, INC.

Gift Frequency

I would like to make a one-time gift for the following amount:

Enter Donation Amount Here* \$_____

I would like to make a recurring gift.

Gift Amount*	#of Payments	Payment Frequency	Total Gift Amount
\$_____	x _____	Monthly/Quarterly/Annually	\$ _____

NOTE: This transaction will count as the first payment toward your total gift amount.

Donor Information

Special funds designations: _____ None/General Fund
(Please check one) _____ To support a specific individual
_____ Residential Program
_____ Case Management

First name* _____
Last name* _____
Address line 1* _____
Address line 2 _____
City* _____
State* _____
Zip/postal code* _____
Phone _____
Email* _____

Company name _____
Business phone _____

This gift is made in honor of an individual
 Please send them a card announcing this gift.
 Please don't send them a card announcing this gift.
In honor of name _____
In honor of address _____
In honor of city, state and zip _____

Please send me the following information: (Check all that apply)

- Volunteering opportunities
- Quarterly newsletter
- Annual report
- Special event information

Payment Information

Cardholder's Name* _____
Credit Card Number* _____
Credit Card Type* Visa, MasterCard, American Express (please circle one)
Credit Card Expiration Date* _____

Billing Information

If the billing information is the same as the contact information, check this box.

If not, please fill out the information below:

Address line 1* _____
Address line 2* _____
City* _____
State* _____
Province* _____
Zip/postal code* _____
Country* _____

*Indicates required fields

Confidentiality of donor information will be maintained.
We respect donor wishes.

You may contact me by _____ Email _____ Phone _____ Mail (Check all that apply)

Please mail your donation to:

Community Living, Inc.
333 Guthrie Street, Suite 308
Louisville, KY 40202-1834

Thank you for your donation!