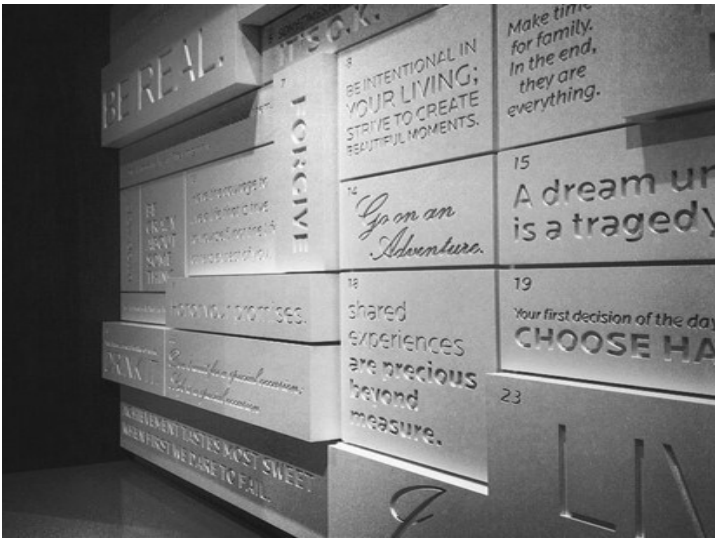


Canton Community Center Donation Form

Founder Donation Wall Example

Yearly Giving Leaf Tree Example



Please complete the following form, and submit to the Canton Community Center via information at the bottom of this form. If you have any questions feel free to reach out to us! **THANK YOU for your donation!**

THIS IS A TAX DEDUCTIBLE 501(c)(3) DONATION!

Title:		Donation Amount:
First Name:		Frequency: <input type="checkbox"/> ONE TIME <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Until date of ___/___/___
Last Name:		Reminder for recurring donation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company:		Receipt need for donation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check or money order (Payable to Canton Community Center)
City:		Credit Card Number: _ _ _ _ - _ _ _ - _ _ _ _ - _ _ _
State:	Zip Code:	Expiration Date: _ _ / _ _
Phone Number:		Name as it appears on card:
Email:		Billing Zip Code:
I wish to receive additional information on the following: <input type="checkbox"/> Center Info <input type="checkbox"/> Volunteerism <input type="checkbox"/> About my donation		Card Security Code: (3 digit code on back of card)
Date: _ _ / _ _ / _ _ _ _		Cardholder Signature:

THANK YOU FOR YOUR DONATION!
 Please submit forms and payment to:
 Canton Community Center
 201 North 7th Street
 Canton, MO 63435
 Phone: 573-288-0550
 Email: cantoncommunitycenter@gmail.com

By completing this form and signing above; I certify that my information is correct, agree to the frequency of support I selected, and agree to all terms and conditions set forth by the credit card issuer agreement.

I understand any donation less than \$5 USD will not receive a donation receipt.