

DONATION FORM

Please fill out the information below. You may send this donation form to CASA
via fax at 503.988.5618;
via email to casakids@casahelpskids.org;
or via mail to 1401 NE 68th Ave, Portland, OR 97213.



Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Employer: _____

Donation Amount: \$ _____

***CASA for Children is a 501(c)(3) organization. Tax ID #93-0923866.
Your donation is 100% tax deductible.***

I would like to have my employer match my gift (matching form enclosed).

I would like to make this gift in honor or in memory of:

Please notify them of my gift (provide mailing address or email info):

I would like my gift to be recurring monthly on the 15th or last day of each month

PAYMENT OPTIONS:

Enclosed is my check payable to CASA for Children (please mail to the address above)

Please charge my credit card:

VISA

MasterCard

American Express

Discover

Card Number: _____ Expiration Date: _____ CVC Code: _____

Signature: _____

Please contact me to arrange a stock gift

Please contact me about including CASA in my will

Please subscribe me to CASA's newsletter