



DONATION FORM

Please fill out the information below. You may fax this donation form to CASA at (503) 988-5618, e-mail to casakids@casahelpskids.org, or mail to 1401 NE 68th Ave., Portland, OR 97213.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

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 memory of

Please notify them of my gift (provide address 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)
- 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

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