



CONTRIBUTION FORM

Yes, I want to support the services of Cincinnati Area Senior Services:

- Legacy Society, Benefactor, Patron, Supporter, Friend, Other \$

Please make checks payable to: Cincinnati Area Senior Services

or charge by: Mastercard Visa

My card number: Exp. Date:

Name on Card:

Signature:

Donor Information:

Name (Please print as your want to be listed)

Address:

City/State/Zip

Telephone: Email:

I/We wish to remain anonymous My company will match my gift. Form is enclosed.

My gift is in honor of, or in memory of (please print name)

Send acknowledgement of my gift to:

Name:

Address:

City/State/Zip

Please send me information regarding:

- Including Cincinnati Area Senior Services in my Will
Making a gift of life insurance
Making a gift of stock

Return form to: Cincinnati Area Senior Services Development 2368 Victory Parkway, Suite 300 Cincinnati, Ohio 45206