## **REDS COMMUNITY FUND**

## MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION			
Donor Name (First and Last Name)			
Organization (complete only if you're make a donation	n on behalf of an organizat	ion)	
ADDRESS INFORMATION			
Address			
City	State	Zip Code	
Address is: Residence Business			
Email (optional)			
Telephone (optional)			
PAYMENT OPTIONS			
We accept all major credit cards, checks and c	cash. Please make ch	ecks payable to: Reds Comm	unity Fund.
Cardholder's Name			· 
Card Number		Expiration	CVV Code
Billing Zip Code			
- ·			
DONATION DEDICATION  If you would like to make this contribution in sinformation for an acknowledgment.	someone else's honor	, please let us know the hono	ree's name and contact
DONATION DEDICATION  If you would like to make this contribution in s	someone else's honor	, please let us know the hono	ree's name and contact
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Please feel free to contact us with any questions or feedback at singram@reds.com or (513) 765–7240.

Please mail your tax-deductible donation with this completed form to: