Connect to a Cause Check/Cash Contribution Form

Donor Name(s):_____

Received: O Mail O In Person

Please make checks payable to Community Foundation of Lorain County at 9080 Leavitt Road, Elyria, OH 44035. Kindly mail or deliver your donation with this completed form no later than 8:00 pm Thursday, September 16, 2021.



ALL INFORMATION IS REQUIRED

| Addre | ess:City:_ | S | tate: | Zip: |
|--|---|---------------------------|--------|-------------------------|
| | e: Email: | | | |
| Check Number: Contribution total: \$ | | | | |
| | | | | |
| Please list how you wish to be identified in print: Example: John & Jane Doe John Doe Anonymous | | | | |
| Does your employer match donations? OYes ONo Company Name: | | | | |
| Please note, the employee is responsible for completing the employer's company match paperwork. | | | | |
| | Connect to a Cause Participating Organization A list of participating non-profit organizations can be found | ι(s) nd at peoplewhoca | re.org | Gift Amount \$5 minimum |
| 1 | Neighborhood Alliance | | | |
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FOR OFFICE USE ONLY
______ Information Verified ______ Entered