

Print this form and mail to:

Santa Maria Community Services
Development Office
617 Steiner Avenue
Cincinnati, OH 45204

Donor Information

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____

E-mail _____

___ *Please email updates from Santa Maria!*

Recognize me in the Annual Report as: _____

___ This gift is Anonymous

I would like to make a donation in the amount of (select one):

___ \$50 ___ \$500

___ \$100 ___ \$1,000

___ \$250 ___ \$2,000

___ Other amount \$ _____

Please designate my gift for (select one):

___ Santa Maria's greatest needs

___ Health and Wellness Program

___ Parenting and Child Development Program

___ Housing Program

___ Youth Development Program

___ Bienestar Luncheon ___ Birthday Brunch ___ Price Hill 5K Pacer

Payment Information

Please select your type of credit card:

___ Visa ___ MasterCard

Credit Card number: _____

Expiration Date _____ 3-digit security code (found on back of card) _____

Name as it appears on card: _____ Signature: _____

___ My company has a matching gifts program. I have enclosed the appropriate forms.

___ I have named Santa Maria Community Services in my estate plans.

___ I would like more information about planned giving

For questions regarding your donation, please call (513) 557-2730

My gift is:

___ in memory of _____

___ in honor of _____

Santa Maria Community Services will acknowledge your gift with a note to those you designate. Please send a gift acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip Code _____