



# Donation Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

This contribution is made in the name of: \_\_\_\_\_

Please direct my gift towards: \_\_\_\_\_

Donation amount: \_\_\_\_\_

Take this completed form and your cash or check donation to the Collinsville Area Recreation District Activity Center located at 10 Gateway Dr. in Collinsville, IL.

**The work of CARD is greatly assisted by your generous donation. Thank you!**

### Office Use Only

Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Donation processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Comments (if necessary): \_\_\_\_\_