



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): _____