

# Contribution Form



Thank you for joining us to rebuild the lives of people experiencing homelessness in our community. Your investment helps people pull themselves up and out of homelessness.

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Your name(s)

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Street address

City

State

Zip

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Phone, including area code

Email

## GIFT AMOUNT

\$\_\_\_\_\_ one time gift by check or credit card

OR

\$\_\_\_\_\_ monthly gift by credit card

## PAYMENT OPTIONS

Check, made payable to Community Shelter Board

Credit Card: Visa, MasterCard, Discover or American Express

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Credit card number

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Expiration date

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Signature

### Mail checks to:

Community Shelter Board  
355 E. Campus View Blvd.,  
Suite 250 Columbus, OH  
43235

Or contact **Katie**

**Ocasio at**

**614-715-2524**

[kocasio@csb.org](mailto:kocasio@csb.org)

I would like to use a donor-advised fund or stock donation. Please contact me.

My employer matches gifts and I will submit this donation for a match.