



# MAKE A DIFFERENCE

## Donation Form

YES, I would like to donate to Community First!

### PLEASE DESIGNATE MY GIFT TO:

- Community First Memory Care Transformation
- Where the Need is Greatest
- Other \_\_\_\_\_

This gift is made

- in memory of \_\_\_\_\_
- in honor of \_\_\_\_\_

Please send an acknowledgment to:

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

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

\_\_\_\_\_

Please contact me to learn more about planned giving, our Recurring Gift Program, and naming Community First in my will or estate plans.

### ATTACHED IS MY ONE-TIME GIFT OF:

- \$500  \$300  \$250  \$100  \$50  Other \_\_\_\_\_
- Please keep my gift anonymous.

### GIFT METHOD:

- Cash for Community First is attached.
- Check for Community First is attached.
- VISA  MasterCard  American Express  Discover

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code\* \_\_\_\_\_

\*Security code is: 3 digit code located on back of MasterCard, Visa and Discover, 4 digit code located on front of American Express

Signature X \_\_\_\_\_

**Thank you for making a difference!**  
**Your donation is greatly appreciated!**

### Join our Recurring Gift Program!

Please charge my credit card the following amount each month:

- \$100  \$75  \$50  \$25
- \$10  Other \_\_\_\_\_

*Note: You can change your amount or opt out at any time.*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

PLEASE RETURN FORM AND DONATION TO

Community First Solutions - Development Office | 230 Ludlow Street | Hamilton, OH 45011