A child’s voice, a child’s life. Lifted up by you.

**Donate by Mail**

I would like to support CASA of Greene County, Inc. with a donation of:

 \_\_\_ $50 \_\_\_ $100 \_\_\_ $250 \_\_\_ $500 \_\_\_$1,000 \_\_\_\_\_\_\_\_\_$ other amount

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment method:

\_\_\_\_\_ Check or money order made payable to **CASA of Greene County**

\_\_\_\_\_ Credit Card: \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ AmEx

Cardholder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. date: \_\_\_\_\_\_\_\_\_\_\_\_

Security Code: (3 digits on back/4 digits on front for American Express) \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I prefer for my donation to remain anonymous

 \_\_\_\_\_ I am interested in receiving planned giving information.

**Mail form to:**

CASA of Greene County, Inc.

52 South Church Street

 Waynesburg, PA 15370