

Center for Resilient Individuals, Families, and Communities
Donation Program



CONTACT

Name(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (_____) _____ Email _____
 Please add me to your mailing list.

GIFT INFORMATION

___ I would like to make a Recurring Gift as a: Bi-Weekly Gift Monthly Gift Annual Gift
 Process my gift on the: 1st 5th 10th 15th 20th 25th of the month
 Start Date: ____/____/____ (mm/dd/yyyy)

OR

___ I would like to make a One-Time Gift.

Total Donation Amount \$ _____

Please apply my gift to: \$_____ Hurricane Recovery \$_____ General Operations
 \$_____ Probation Fines and Fees Campaign \$_____ Ronald Ivy Lewis Legal Fund
 \$_____ Social Services Stabilization Programs

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift ___ Anonymous Donation

In Memory/Honor of: _____

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account.
***For One-Time Checking Account donations, please include a completed check with your donation form.*

My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Card Number _____ Expiration Date ____/____ 

___ Yes! I wish 100% of my donation amount to go to Center for Resilient Individuals, Families, and Communities. I would like to pay the 2.19% credit card or \$0.25 ACH processing fee associated with my donation.

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.crifcsouth.org or by contacting Center for Resilient Individuals, Families, and Communities by phone or mail. All donations provided to Center for Resilient Individuals, Families, and Communities comply with U.S. Law.

<i>For Office Use Only</i>	
\$ _____	Processing Fee Amount (2.19% for Credit Cards or \$0.25 for Checking Account gifts)
\$ _____	Total Donation Amount (required) (Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____