



# Contribution Request

Your generous support for CCHASM will enable us to continue our mission to help individuals and families facing emergencies within our community. Please help us plan our support for those in need!

Complete the information below by mailing this form in the enclosed envelope to CCHASM. You may also visit our website at [www.cchasm.org/support](http://www.cchasm.org/support) to make a one-time or recurring donation in any amount.

## Will you join us and help to support those in need?

Contributing Organization/Individual: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

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

- I/we am/are making a donation as follows:

One-time contribution in the amount of: \_\_\_\_\_

Quarterly contribution in the amount of: \_\_\_\_\_

Annual contribution in the amount of: \_\_\_\_\_

- Yes, I want to join the Caring Hands Circle Supporters** providing annual recurring gifts to support vital CCHASM programs.

Monthly contribution in the amount of: \_\_\_\_\_

- Yes, I want to join the Giving Heart Circle Supporters** providing monthly recurring gifts to support vital CCHASM programs.

## Please use this donation to benefit:

- All residents (use where most needed)
- All residents of: \_\_\_\_\_
- Specific programs: \_\_\_\_\_ (i.e., financial assistance, Women's Career Clothing)

\* May we list your organization on our website as a contributor to CCHASM?      YES      NO

\* May we add you to our e-newsletter mailing list?      YES      NO

\* Does your place of employment offer a matching grant for employee contributions?      YES      NO

Note: Please consider requesting a matching donation or grant from your employer!