REDS COMMUNITY FUND

MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION	•			
Donor Name (First and Last Name)_				
Organization (complete only if you're	make a donation	on on behalf of an organization)		
Address				
City	State	Zip Coo	de	
Address is: Residence 6	Business			
Email (optional)				
Telephone (optional)				
PAYMENT OPTIONS				
We accept all major credit cards, che	ecks and cash. I	Please make checks payable to: F	Reds Community Fund.	
Cardholder's Name				
Card Number		Expiration	CVV Code	
		Donation Amoun	nt	
DONATION ACKNOWLE	EDGMENT			
	onor/memory o	FINFORMATION If someone, please provide the na	ame of the honoree alor	_
DONATION ACKNOWLE	onor/memory o	FINFORMATION If someone, please provide the na I/hom you would like us to send a	ame of the honoree alor	_
DONATION ACKNOWLE f you are making a contribution in ho the name and mailing address for the	onor/memory o e individual(s) w	FINFORMATION If someone, please provide the na I/hom you would like us to send a	ame of the honoree alor	_
f you are making a contribution in ho the name and mailing address for the Honor designation: in honor	onor/memory o e individual(s) w in memory	FINFORMATION If someone, please provide the na Indian you would like us to send a	ame of the honoree alor	_
f you are making a contribution in ho the name and mailing address for the Honor designation: in honor Honoree Name (First and Last Name)	onor/memory o e individual(s) w in memory	FINFORMATION If someone, please provide the na Indian you would like us to send a	ame of the honoree alor	_
f you are making a contribution in ho the name and mailing address for the Honor designation: in honor Honoree Name (First and Last Name)	onor/memory o e individual(s) w in memory	FINFORMATION If someone, please provide the na Indian you would like us to send a	ame of the honoree alor	_
f you are making a contribution in hothe name and mailing address for the Honor designation: in honor Honoree Name (First and Last Name) Please send an acknowledgment of the Name (First and Last Name)	onor/memory o e individual(s) w in memory	r INFORMATION If someone, please provide the na I/hom you would like us to send an In to:	ame of the honoree alor n acknowledgment lette	_
f you are making a contribution in hothe name and mailing address for the Honor designation: in honor Honoree Name (First and Last Name) Please send an acknowledgment of the Name (First and Last Name)	onor/memory o e individual(s) w in memory) this contribution	r INFORMATION If someone, please provide the na I/hom you would like us to send an In to:	ame of the honoree alor n acknowledgment lette	_
f you are making a contribution in hothe name and mailing address for the Honor designation: in honor Honoree Name (First and Last Name) Please send an acknowledgment of the Name (First and Last Name) Address City WANT TO SUPPORT Please designate your gift to a program of the Name (First and Support To Su	onor/memory of e individual(s) we individual(s) we in memory in memory this contribution State am:	r INFORMATION If someone, please provide the nath of the provide	ame of the honoree alor n acknowledgment lette	_
f you are making a contribution in hothe name and mailing address for the Honor designation: in honor Honoree Name (First and Last Name) Please send an acknowledgment of the Name (First and Last Name) Address City WANT TO SUPPORT Please designate your gift to a progra	onor/memory of e individual(s) we individual(s) we in memory in memory this contribution State am:	r INFORMATION If someone, please provide the na whom you would like us to send an In to: Zip Co	ame of the honoree alor n acknowledgment lette	_

Please feel free to contact us with any questions or feedback at mwagner@reds.com or (513) 765-7233.

Please mail your tax-deductible donation with this completed form to: