

**Print this form and mail to:**

Santa Maria Community Services  
Development Office  
617 Steiner Avenue  
Cincinnati, OH 45204

**Donor Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_ *Please email updates from Santa Maria!*

Recognize me in the Annual Report as: \_\_\_\_\_

\_\_\_ This gift is Anonymous

**I would like to make a donation in the amount of (select one):**

\_\_\_ \$50                      \_\_\_ \$500

\_\_\_ \$100                    \_\_\_ \$1,000

\_\_\_ \$250                    \_\_\_ \$2,000

\_\_\_ Other amount \$ \_\_\_\_\_

**Please designate my gift for (select one):**

\_\_\_ Santa Maria's greatest needs

\_\_\_ Health and Wellness Program

\_\_\_ Parenting and Child Development Program

\_\_\_ Housing Program

\_\_\_ Youth Development Program

\_\_\_ Bienestar Luncheon \_\_\_ Birthday Brunch \_\_\_ Price Hill 5K Pacer

**Payment Information**

Please select your type of credit card:

\_\_\_ Visa \_\_\_ MasterCard

Credit Card number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit security code (found on back of card) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_ My company has a matching gifts program. I have enclosed the appropriate forms.

\_\_\_ I have named Santa Maria Community Services in my estate plans.

\_\_\_ I would like more information about planned giving

*For questions regarding your donation, please call (513) 557-2730*

My gift is:

\_\_\_ in memory of \_\_\_\_\_

\_\_\_ in honor of \_\_\_\_\_

Santa Maria Community Services will acknowledge your gift with a note to those you designate. Please send a gift acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_