



# FRIENDS OF WAYCROSS

COMMUNITY MEDIA RESOURCES, INC.

## DONATION FORM

### Donor Information

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

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

### Donation Amount

\$20     \$50     \$75     \$100     \$150     \$200     Other \$\_\_\_\_\_

### PAYMENT METHOD

Check Enclosed (payable to Friends of Waycross)

Mastercard     Visa     Discover     American Express

Card#: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Authorized Charge Amount: \$ \_\_\_\_\_

*Friends of Waycross  
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513-825-2429 FAX -513-825-2745*