



# Charitable Contribution Form

Please accept my tax-deductible contribution of \$ \_\_\_\_\_ to support the work of Community Crisis Services.

## CONTACT INFORMATION

I would like this gift to remain anonymous.

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

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

City/State/ZIP: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## GIFT DEDICATION (optional)

This gift is in (circle one) Memory / Honor of \_\_\_\_\_.

Please notify \_\_\_\_\_ of this gift at the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION

Enclosed is my check, made payable to Community Crisis Services.

Please charge my donation to my credit card.

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

I authorize Community Crisis Services to charge the amount indicated at the top of this page to my credit card.

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

**Please return this form to:**

Attn: Business Manager  
**Community Crisis Services, Inc.**  
P.O. Box 149  
Hyattsville, MD 20781-0149

*Community Crisis Services, Inc. is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Federal income tax law requires us to inform you that no goods or services were provided to you in return for your gift. A copy of the current financial statement is available by writing to Community Crisis Services, Inc. Documents and information filed under Maryland Charitable organizations laws can be obtained, for the cost of copies and postage, from the Office of the Secretary of State, Statehouse, Annapolis, Maryland 21401 or by calling 1-800-825-4510.*

**Tax ID#: 52-1634738**

*All donations are tax deductible to the full extent of the law.*

**Thank you for your generous support!**