



# Printable Donation Form

Please complete this form and fax to (636) 970-2811 or send by mail to:  
Development Department, Community Living, Inc., 1040 St. Peters Howell Road, St. Peters, MO 63376

Date: \_\_\_\_\_ (Please *PRINT* all information clearly.)

Enclosed is my check in the amount of \$\_\_\_\_\_ made payable to Community Living.

Please bill my credit card in the amount of \$\_\_\_\_\_.

I am interested in Missouri State Tax Credits (for donations of \$100 or more).

Credit card type  MC  Visa  AmEx  Discover

Credit card number \_\_\_\_\_

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

Name as it appears on credit card \_\_\_\_\_

Title (Ex.: Mr., Ms., Mr. & Mrs., Dr., etc.) \_\_\_\_\_

Name \_\_\_\_\_

Business Name (if the business is the donor) \_\_\_\_\_

Business Contact Name (if the business is the donor) \_\_\_\_\_

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please direct donation to:

- Where Most Needed  Employment Services  Recreation Services  Residential Services
- Respite Home (all ages)  Respite Center (6-21)  SOAR Services  Support Services for Adults

Please accept this gift in  In Memory of /  In Honor of \_\_\_\_\_  
(name)

**Send acknowledgment to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

I wish to remain an anonymous donor.

Additional Comments from Donor \_\_\_\_\_

*Community Living, Inc., values and respects the privacy of its donors and does NOT share, sell, rent or otherwise provide any personal donor information to third parties. Upon receipt of donation, a charitable donation letter/receipt will be sent to the donor.*