

Contribution Form



Thank you for joining us to rebuild the lives of people experiencing homelessness in our community. Your investment helps people pull themselves up and out of homelessness.

Your name(s)

Street address

City

State

Zip

Phone, including area code

Email

GIFT AMOUNT

\$ _____ one time gift by check or credit card

OR

\$ _____ monthly gift by credit card

PAYMENT OPTIONS

Check, made payable to Community Shelter Board

Credit Card: Visa, MasterCard, Discover or American Express

Credit card number

Expiration date

Signature

Mail checks to:

Community Shelter Board
355 E. Campus View Blvd.,
Suite 250 Columbus, OH
43235

Or contact

Brittany Boulton at

614-715-2524

bboulton@csb.org

I would like to use a donor-advised fund or stock donation. Please contact me.

My employer matches gifts and I will submit this donation for a match.