

## **Donation** Form

The Center for Community Based Care, a 501(c)(3) non-profit affiliate of the Ohio Council for Home Care & Hospice, supports the delivery of community-based care through public awareness and consumer education. By connecting families and individuals across Ohio to the resources they need, they are able to receive the exceptional care they deserve. Your donation helps to support our mission.

<b>Donor Info</b>	rmation
Name	
Address	
City	ST Zip
Phone	Email
Company/Emplo	oyer Name
Donation A	Amount
□ \$25 □	\$50 🗆 \$100 🗆 \$250 🗆 \$500 🗆 \$
Payment Type ☐ Enclosed is my check made payable to CCBC.	
, ,,	☐ Please charge my donation to my credit card.
	☐ Visa ☐ MasterCard
Name on Card _	Amount
Card Number_	
Expiration Date	Security Code
Signature	Date
	pt personal and corporate donations. Please make checks payable e do not send cash.

## Please return this completed form to:

Ohio Council for Home Care & Hospice 1105 Schrock Rd., Suite 120 Columbus, OH 43229 or Fax to (614) 899-0192

CCBC will send you acknowledgement of your tax deductible contribution. If you have any questions, please call CCBC at (614) 885-0434.

## **Mission Statement**

CCBC supports the delivery of quality community-based care through consumer education and public awareness.

## **Volunteer Opportunities**

Volunteers serve on the CCBC Board of Directors and committees. If you are interested in volunteering, please call (614) 885-0434.

Thank you for your generous donation!

Your donation is a gift for the future.