



Mail/Fax Donation Form

Yes! I want to support the **Community Based Activity Program** (CBAP)

Community Based Activity Program, Inc. is a multi-service, non-profit organization whose mission is to provide a quality education that empowers and prepares all children to think, learn, play and achieve success in our community.

SEND DONATIONS TO: Community Based Activity Program
1341 Pacific Avenue
Forest Grove, OR 97116
-or-
Fax: (503) 359-2520
Attention: Beth Buehler

Contact Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
<input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
Business Name	
Street Address	
City, State, Zip Code	
Work Phone	
E-Mail Address	

Donation Amount

(Please check one)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> \$25.00 | <input type="checkbox"/> _____ Other (please fill in blank with donation amount) |
| <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$375.00 – I would like to sponsor half of a child's summer camp tuition |
| <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$750.00 – I would like to sponsor a full scholarship this summer |

Comments

Please provide any comments or suggestions in the space provide below.

Over



Please Select Payment Method

(*Required Fields)

*(Check One) Check VISA MasterCard

(Please fill out below completely if payment is NOT by check.)

*Credit Card #: _____ *Exp. Date (mo./yr.): _____

*Billing address if different from above: _____

Our Policy

All donations are tax deductible and we will provide you with our Federal 501(c)(3) tax identification if needed. A receipt will be mailed to you for your tax records.

Agreement and Signature

By submitting this donation form, I affirm that the facts set forth in it are true and complete. I agree to submit the above donation using the payment method I herein specified.

Name (printed)	
Signature	
Date	

Thank You for Your Support!

Below For Office Use Only

Name of Recipient:

Signature:

Date:

CC Authorization # :

Check received? Yes/ No

Check # :