



Donation Form Macon County CASA

The mission of Macon County CASA is to advocate for abused and neglected children through the services of specifically trained community volunteers.

Please complete the fields below, save and email back to program@maconcountycasa.org. Or, print the form, complete the fields and mail the form to Macon County CASA, 141 S. Main St, Suite 722, Decatur, IL 62523.

Donor Information

Name	
Billing Address	
City	
State	
ZIP Code	
Phone (home/cell)	
Phone (business)	
Email	

Pledge Information

I (We) pledge a total of \$ _____ to be paid: (circle one)
 Now Monthly Quarterly Yearly

I (We) plan to make this contribution in the form of: (circle one)
 Cash Check Credit Card Stock Other

Credit card type	
Credit Card number	
Expiration date	Security Code:
Authorized signature	

Gift will be matched by _____ (company/family/foundation).

Circle one: Form enclosed. Form will be forwarded.

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

- I (We) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Please make checks or other gifts payable to:

Macon County CASA
 141 S. Main St., Suite 722
 Decatur, IL 62523

Phone: (217) 428-8424
 Fax: (217) 428-8423
maconcountycasa.org