



# SANTA MARIA COMMUNITY SERVICES

## Santa Maria Community Services' Monetary Donation form

**Please print and mail this form to: Santa Maria Community Services' Development Department  
617 Steiner Avenue, Cincinnati, OH 45204**

### DONOR INFORMATION

Full Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_

Please send me news and updates from Santa Maria

**I would like to donate the amount of:**

\$25     \$50     \$100     \$250     \$500     \$1,000     Other amount \$ \_\_\_\_\_

Please make my gift a monthly contribution

**Please designate my gift to:**

Santa Maria's greatest need  
 S. Blandina & Justina Founders Fund  
 Other (if donating to a specific program, please specify here) \_\_\_\_\_

### PAYMENT INFORMATION

**Payment by Check:** Make checks payable to *Santa Maria Community Services*.

Mail to: Santa Maria Community Services' Development Dept., 617 Steiner Ave., Cincinnati OH 45204

**Payment by Credit Card:** Type of credit card:     Visa     Mastercard     American Express

Credit Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

### GIFT OPTIONS

I have arranged for a corporate match from my employer (Employer name: \_\_\_\_\_)

I have named Santa Maria Community Services in my estate plans

I would like more information about planned giving

I would like my gift to be anonymous

Please recognize me in Santa Maria publications as \_\_\_\_\_

My gift is in memory of \_\_\_\_\_

My gift is in honor of \_\_\_\_\_

Please send an honor/memorial gift acknowledgement to: Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**For more information or to make a donation over the phone, please call  
Nune Sargsyan at 513-557-7267, or email [Nune.Sargsyan@santamaria-cincy.org](mailto:Nune.Sargsyan@santamaria-cincy.org)**