



CONTRIBUTION FORM

Please print this form and mail it to the address listed below.

Name: _____
Street: _____
City: _____ State: _____
ZIP _____
Day Phone: () _____

I would like to contribute \$ _____ to Spectrum of Supportive Services.

Please designate my gift as follows:

_____ General Contribution
_____ Designated Program/Purpose: _____
_____ Annual Campaign
_____ Endowment Fund
_____ Memorial/Tribute Gift
_____ This gift is in memory or honor of: _____

Please notify the following individual/family of my gift:

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
_____ I prefer to remain anonymous.

Double your gift: If you or your spouse work for a matching gift company, please obtain and initiate the necessary form(s).

Name of Company: _____

Cash or Check made out to: Spectrum of Supportive Services

Please send me information about the following gift opportunities:

Making a will/bequest

Establishing a permanent endowment fund

Making a gift of stock or mutual fund shares

Please return this form to:

Spectrum of Supportive Services
Attn: Advancement Office
2900 Detroit Avenue, 3rd Floor
Cleveland, OH 44113-2710

216-939-2065, ext. 337
216-696-8878 fax