



Donor Information Form

Please fill out this form and enclose it with your check.

Enclosed is my tax-deductible contribution of \$_____.

___ My check is made payable to Council of Community Services

___ My matching gifts form from my employer is enclosed.

___ Please designate my gift:

___ In honor of _____

___ In memory of _____

___ As anonymous

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

___ Please send me more information about:

- ___ 2-1-1 VIRGINIA Southwest Region
- ___ Botetourt Resource Center
- ___ Child Care Link
- ___ Child & Adult Care Food Program
- ___ Drop-In Center
- ___ Family Violence Coordinating Council
- ___ HIV Resource & Training Center
- ___ Homeless Management Information System
- ___ Nonprofit Resource Center of Western Virginia
- ___ Planning & Consultation
- ___ Roanoke Regional Housing Network
- ___ RSVP
- ___ Senior Citizen Coordinating Council
- ___ Volunteer Roanoke Valley

Please mail your donation to:

**Council of Community Services
PO Box 598
Roanoke, VA 24016**