



# Donation Form

The Coalition creates partnerships, networks, programs and initiatives that promote the safety and well-being of Chippewa Valley Schools students, their families, and the community.

Thank you for your generosity in supporting the Chippewa Valley Coalition for Youth and Families. Please fill out this form and mail the completed form and your check payable to:

**Chippewa Valley Schools/ Chippewa Valley Coalition**  
**19120 Cass Avenue**  
**Clinton Township, MI 48038**

## Donor Information

Please complete this information to receive a tax receipt of your donation. *Your gift is tax deductible to the extent allowed by law.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Please keep my gift Anonymous

Yes, please add me to your Mailing List. Email: \_\_\_\_\_

## Please indicate if gift is in memory or in honor:

The gift is in memory of \_\_\_\_\_

The gift is in honor of \_\_\_\_\_

## Employer Match

This gift may be matched by my employer

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_