



Donation Form

- Yes! I want to Help WCCS Help Others in Warren County!**
- Yes! I want to help. Please use my gift to help _____.**
(Please choose: Aging Programs, Children, Early Childhood Education, Families, Homecare, Homeless, Meals on Wheels, RSVP, Seniors, Senior Center, Senior Transportation, Where Needed Most.)

Please print this form, complete, and send with your check or money order to:

Attn. Help Us Help Others
WCCS, Inc.
570 N. State Route 741
Lebanon, OH 45036

Enclosed is my gift to help ensure that older adults, children, and families can live with independence and dignity.

Amount \$ _____

Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

- I give my permission to send me E-mails about WCCS and any of its programs, services, events, etc.)*

My gift is:

- In honor of _____
- In memory of _____
- My employer will match my gift. Matching Gift form enclosed.
- Please do not publish my name or publicly acknowledge this gift in Annual Report, newsletter, etc.

All contributions are tax deductible to the extent allowed by law.

Thank you so very much!

Questions or Comments? Please contact the Program Development and Planning Office at 513-695-2206 or write Vel Hux on E-mail at velh@wccsinc.org.