



I will Donate \$ _____ to Orleans Community Connects, Inc.

☐ MONTHLY DONATION

☐ ONE-TIME DONATION

Full Name(s): _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cell ☐ Home Email: _____ @ _____

☐ I WILL PAY WITH A CHECK. (please ensure checks are payable to **Orleans Community Connects, Inc.**)

☐ I WILL PAY WITH A CREDIT CARD.

Card #: _____ Exp. Date: _____ ☐ Visa ☐ MC ☐ Disc ☐ AmEx

CVC #: _____ Name as it appears on card (please print): _____

Billing Address: ☐ same as above _____

City: _____ State: _____ Zip: _____

Email (required): _____ @ _____

Your signature: _____ Date: _____

OPTIONAL INFORMATION

☐ Subscribe my email to get the latest updates from **Orleans Community Connects**.

☐ I would like information about including a gift to **Orleans Community Connects** in my will.

Thank you for supporting our mission through your generous contribution.

Orleans Community Connects, Inc. is a 501(c)(3) nonprofit, Tax I.D. **#16-6050713**

All gifts are tax-deductible within the United States.