



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: \_\_\_\_\_

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**OPTIONAL INFORMATION**

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- 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.