

DONATION FORM
Columbus Community Rights Coalition

EIN: 85-0570819

Treasurer: Greg Pace

Make checks out to: **“CCRC”** or **“Columbus Community Rights Coalition”**

Mail this form and the check to: **CCRC, 1362 Erickson Road, Columbus, OH 43227**

****Date of Donation:** _____

****Donor Full Name:** _____

Donor Full Address: _____

Please enter at least a phone and/or email in case we need to contact you

Donor Telephone: _____ **Email:** _____
(circle one)

Donation Amount: \$ _____ **cash / check / credit card**

As we are a 501(c)(3) organization, all deductions to CCRC are tax-deductible.

****REQUIRED FIELD**