

# Assumption Outreach Center Financial Contribution Form

**Enclosed is my donation for (please circle one):**

\$5      \$10      \$15      \$25      \$50      Other \$

**Please send me a receipt (please check one):**

- Each time I make a donation.  
 Only at the end of the calendar year.  
 It is not necessary to send me a receipt.

|  |  |
|--|--|
| Donation is in memory of:                                |  |
| Donation is made in honor of:                            |  |
| Donations were in made in memory of deceased members of: |  |
| Send notice of donation to:                              |  |
| Name:  |  |
| Address:   |  |
| City, State Zip Code:                                    |  |
| Phone number:  |  |
| E-mail address:  |  |

Thank you for your generous support of the Assumption Outreach Center. Please send this form and your monetary donation to:

The Assumption Outreach Center  
219 Page Street  
Toledo, OH 43620

**Assumption Outreach Center Financial Contribution Form**