

# Child and Adolescent Behavioral Health Donation Form

\_\_\_\_\_ \$75.00  
\_\_\_\_\_ \$125.00  
\_\_\_\_\_ \$250.00  
\_\_\_\_\_ \$500.00  
\_\_\_\_\_ \$1,000.00  
\_\_\_\_\_ Other Amount (any size gift will help)

\_\_\_\_\_ Option 1: Mike Flood/Child and Adolescent Endowment  
for Children's Mental Health, *Established 1999.*

\_\_\_\_\_ Option 2: Please use my gift toward programs and  
services.

\_\_\_\_\_ Option 3: Choose Program or Service

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

Would you prefer to pay for this contribution via:

\_\_\_\_\_ Check enclosed (please make checks payable to Child and Adolescent Behavioral  
Health)

\_\_\_\_\_ Credit card

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to the address below:

**Child and Adolescent Behavioral Health**  
**C/O Finance Department**  
**919 2<sup>nd</sup> Street N.E.**  
**Canton, OH 44704**

**Questions?** For more information on making a contribution, contact Jefferey D. Poulos,  
C&A's Fund Development Director, at (330) 454-7917 ext. 161 or  
[jpoulos@childandadolescent.org](mailto:jpoulos@childandadolescent.org).

*Child and Adolescent Behavioral Health is a 501(c)3 non-profit organization. Tax ID: 34-1191950*