



DONATION FORM

Donor Information (please print)

Enclosed Amount: \$ _____

Date: ____/____/____

Name: _____

Address: _____

City, State, Zip _____

Telephone _____

E-Mail _____

Individual or Team Name: _____

Acknowledgement Information

In Honor/Memory of: (print) _____

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Acknowledgement Printed Name: _____

Signature(s) _____

Please make checks, corporate matches, or other gifts payable to:

OCAGC
PO Box 42277
Blue Ash, OH 45242

OCAGC is a "pending" 501(c)(3) Organization – Tax ID# 82-3862604 – All donations are tax deductible.